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ABSTRACT

These proceedings include approximately 100 abstracts of papers dealing with the following aspects of research in nursing education: clinical judgment, faculty roles and expectations, learning, clinical experience, ethics and moral development, implications for the nursing curriculum of clinical nursing knowledge research, professional socialization, technological applications in education, the needs of registered nurses returning to school for a baccalaureate degree, cognitive and affective development, admission and retention of students, student characteristics, faculty productivity, the nursing curriculum, program outcomes, registered nursing versus baccalaureate, faculty roles and expectations, issues in nursing education, teaching and learning, techniques for presentation, educational diversity, evaluation of stress, and instructional methods and outcomes. Also included are a conference agenda, directory of presenters, and subject index. (MN)

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1987
FIFTH ANNUAL RESEARCH IN NURSING EDUCATION CONFERENCE

Proceedings and Abstracts

January 14-16, 1987

San Francisco, California

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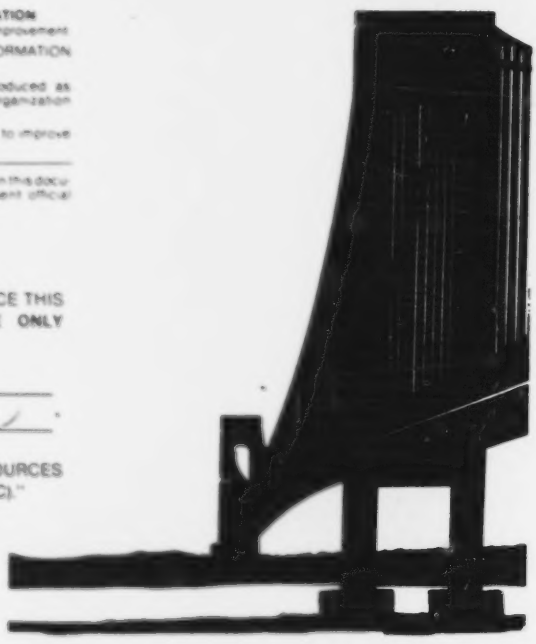

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Annual Meeting Program

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KEYNOTE ADDRESS*

NURSING RESEARCH: CHALLENGES AND CHOICES FOR NURSING EDUCATORS

Shirley M. Stinson, RN, EdD, LLD
University of Alberta
Alberta, Edmonton, Canada

CLOSING ADDRESS*

RESEARCH IN NURSING EDUCATION: CURRENTS AND CONTROVERSIES

Christine Tanner, RN, PhD, FAAN
Oregon Health Sciences University
Portland, Oregon

* The Keynote and Closing Addresses will be tape recorded. If you are interested in purchasing tapes, please write:

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SOCIETY FOR RESEARCH IN NURSING EDUCATION FORUM

NATIONAL LEAGUE FOR NURSING

PURPOSE AND FUNCTIONS

The purpose of the Society for Research in Nursing Education is to improve education in the practice and academic settings through the development, dissemination, and use of research and theory in nursing education.

The function of SRNEF shall be to:

1. Foster scientific inveestigation in the field of nursing education.
2. Support theory development in nursing education.
3. Promote the use of research findings in nursing education.
4. Promote testing the application of educational theory and research in nursing education.
5. Foster methodological inquiry in measurement and evaluation in nursing educaiton.
6. Provide forums for exchanges of ideas, theories, and findings for nursing education.
7. Foster the contribution of research in nursing education to other professions and academic disciplines.

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CONTINUING EDUCATION CREDIT*

In order to receive C.E. credit, you must submit the evaluation form with your signature, name and address, and your social security number at the end of the conference.

OBJECTIVES

At the completion of the program, the participants will be able to:

1. Identify current research findings pertinent to nursing education.
2. Discuss the contribution of specific research findings as they relate to the improvement of nursing education.
3. Identify topics amenable to nursing education research.
4. Describe a variety of methodologies appropriate to research in nursing education.

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*C.E. credits will be provided through the National League for Nursing's provider number.

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WHAT YOU SHOULD KNOW

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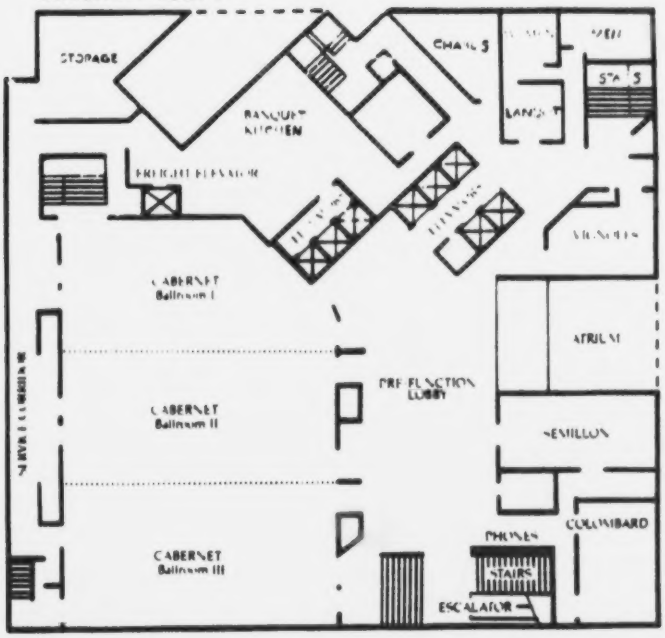

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Semillon
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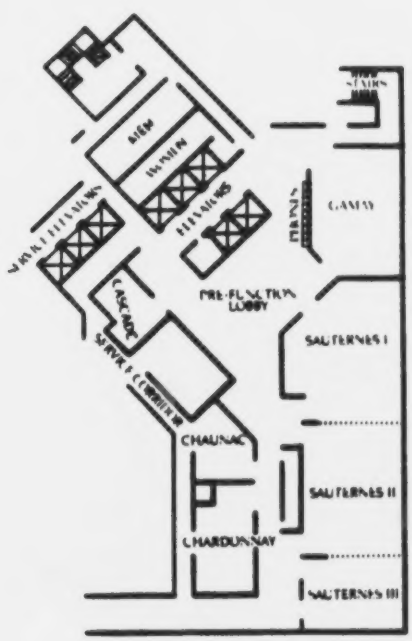

Gamay
Sauternes I
Sauternes II
Sauternes III

FIFTH ANNUAL CONFERENCE ON RESEARCH IN NURSING EDUCATION

Presented by

SOCIETY FOR RESEARCH IN NURSING EDUCATION FORUM
NATIONAL LEAGUE FOR NURSING

SAN FRANCISCO, CALIFORNIA, JANUARY 14-16, 1987

HOTEL MERIDIEN, SAN FRANCISCO

* *

TUESDAY, JANUARY 13, 1987

12:00 - 5:00		EARLY BIRD REGISTRATION - Second Floor Foyer
1:00 - 4:00		PRE-CONFERENCE TRAINING PROGRAM SESSION - Sauternes I and II
		"Use of Standardized Tests in Nursing Education Research" Majory S. Garbin, RN, PhD, Test Service, National League for Nursing

WEDNESDAY, JANUARY 14, 1987

	Session	
7:00 - 9:00		REGISTRATION
7:15 - 8:45		TRAINING SESSION BREAKFAST (Optional) - Sauternes I
		"Funding Your Research" Helen K. Grace, RN, PhD, FAAN, W. K. Kellogg Foundation, Battle Creek, Michigan
9:00 - 9:15	#1	WELCOME - Cabernet II and III Christine A. Tanner, RN, PhD, FAAN Chair, SRNEF
9:15 - 10:00		KEYNOTE ADDRESS - Cabernet II and III
		"Nursing Research: Challenges and Choices for Educators" Shirley M. Stinson, RN, EdD, LLD, University of Alberta, Edmonton, Canada
10:00 - 10:30		BREAK

WEDNESDAY, JANUARY 14, 1987
Paper Sessions (2-3)

10:30 - 12 noon #2 CLINICAL JUDGMENT - Sauternes III

- Diagnostic Errors by Nurses and Nursing Students. (2.1)
  Una E. Westfall, RN, MSN, Assistant Professor, Oregon Health Sciences University School of Nursing, Portland.
- A Comparison of the Clinical Judgment Process Used by Registered Nurses and Nursing Students. (2.2)
  Joanne K. Itano, RN, MS, MEd, Assistant Professor, School of Nursing, University of Hawaii, Honolulu.
- Cues and Strategies Used in the Diagnosis of Conditions of Pain. (2.3)
  Laurel E. Radwin, RN, C, MS, Faculty, School of Nursing, University of Massachusetts, Boston.

10:30 - 12 noon #3 FACULTY ROLES AND EXPECTATIONS I - Sauternes II

- Role of Nursing School Deans as Perceived by Nursing School Faculty and Deans. (3.1)
  Barbara Asche Haynes, RN, PhD, College of Nursing, University of Illinois at Chicago.
- Variables Influencing Administrative Evaluations of Deans and Directors in Nursing Education. (3.2)
  Mary Ann Christ, EdD, Assistant Dean and Director, Undergraduate Program, College of Nursing, Medical University of South Carolina, Charleston.
- Women and Nurses as Academic Leaders--The Influence of Perceptions. (3.3)
  Mary Boose Walker, RN, EdD, Assistant Dean, Allied Health, Delaware County Community College, Media, Pennsylvania.

WEDNESDAY, JANUARY 14, 1987
Paper Sessions (4-6)

10:30 - 12:00 #4 LEARNING I - Gamay

- Nurse Learner Interactions with Continuing Education: A Field Study. (4.1)
  W. Louise Shores, RN, MN, EdD, Assistant Professor, School of Nursing, University of Wisconsin-Madison.
- An Evaluation of Program Design to Increase the Self-Directed Learning Readiness of Registered Nurse Students (4.2)
  Carol A. Hutton, RN, EdD, Associate Professor and Director, Continuing Education, School of Nursing, Barry University, Miami, Florida.
- Baccalaureate and Associate Degree Student Nurses' Cultural Knowledge of and Attitudes toward Black American Clients.
  Emma Felder, RN, PhD, Associate Professor, University of Wisconsin-Milwaukee.

10:30 - 12:00 #5 CLINICAL EXPERIENCE - Semillon

- Nursing Skill Competencies Needed by the New Graduate as Perceived by Faculty, Student, and Employer. (5.1)
  Lorrie N. Hegstad, RN, PhD, University of Texas at Arlington.
- Critical Thinking, Creativity, Clinical Performance, and Academic Achievement in RN to BSN Students. (5.2)
  Eleanor J. Sullivan, RN, PhD, Associate Dean, School of Nursing, University of Minnesota, Minneapolis.
- Characteristics of Best and Worst Clinical Teachers as Perceived by Baccalaureate and Nursing Students and Faculty. (5.3)
  Judith Mogan, RN, MA, University of British Columbia, Vancouver, British Columbia, Canada.

10:30 - 12:00 #6 ETHICS AND MORAL DEVELOPMENT - Sauternes I

- Moral Development and Unethical Behavior among Nursing Students. (6.1)
  Gail A. Hilbert, RN, DNSc, Assistant Dean for Undergraduate Studies, School of Nursing, Widener University, Chester, Pennsylvania.

WEDNESDAY, JANUARY 14, 1987
Paper Sessions (6-7)

10:30 - 12:00 #6

- Critical Thinking and Moral Reasoning Behavior of Baccalaureate Nursing Students. (6.2)
  Rebekah L. Fleeger, RN, PhD, Chair, Department of Baccalaureate Nursing, Biola University, La Mirada, California.
- Ethics in Nursing Instruction: Moral Reasoning Can Be Enhanced Through Specific Interventions. (6.3)
  Noreen A. Frisch, RN, PhD, Assistant Professor, Department of Nursing, Southeast Missouri State University, Cape Girardeau.

12:00 - 1:00 LUNCH - Cabernet III

1:00 - 2:30 #7 SYMPOSIUM: CLINICAL NURSING KNOWLEDGE RESEARCH --IMPLICATIONS FOR THE NURSING CURRICULUM - Sauternes I

- Clinical Nursing Knowledge as Subject Matter for the Nursing Curriculum. (7.1)
  Nancy L. Diekelmann, RN, PhD, FAAN, Associate Professor, School of Nursing, University of Wisconsin-Madison.
- Exploring the Practical Knowledge in Expert Oncology Nursing Practice. (7.2)
  Sharon J. Olsen, RN, MS, Program Coordinator, Oncology Nursing Outreach, University of Wisconsin-Madison Clinical Cancer Center.
- Exploring the Practical Knowledge in Expert Critical Care Nursing Practice. (7.3)
  Anne S. Crabtree, RN, MS, Nurse Education Coordinator, St. Joseph's Hospital, Marshfield, Wisconsin; Marcille J. Jorgenson, RN, MS, Education Specialist, Basic Critical Care Coordinator, University of Wisconsin-Madison Hospital and Clinics.
- Clinical Nursing Knowledge--Implications for Instructional Practices in Nursing Education. (7.4)
  Nancy L. Diekelmann, RN, PhD, FAAN

WEDNESDAY, JANUARY 14, 1987
Paper Sessions (8-10)

1:00 - 2:30 #8 PROFESSIONAL SOCIALIZATION - Sauternes III

- Professional Socialization in Nursing. (8.1)
  Geraldine Edens, RN, PhD, University of Miami School of Nursing, Coral Gables, Florida.
- Professional Socialization of the Registered Nurse Student in a Baccalaureate Program. (8.2)
  Mary R. Lynn, RN, PhD, NRSA Postdoctoral Fellow, College of Nursing, University of Arizona, Tucson.
- Student Socialization into the Professional Nursing Role: Psychometric Assessment of the Professional Nursing Questionnaire. (8.3)
  Carolyn J. Yocum, RN, PhD, National Council of State Boards of Nursing, Chicago, Illinois.

1:00 - 2:30 #9 LEARNING II - Gamay

- Learning Styles of Nursing Students and Attitudes Toward Theory-Based Nursing. (9.1)
  Heather K. Laschinger, RN, MAEd, PhD, Assistant Professor, School of Nursing, University of Ottawa, Ottawa, Ontario, Canada.
- Reliability and Construct Validity of the Learning Style Questionnaire. (9.2)
  Sharon L. Merritt, RN, EdD, Associate Professor and Project Director, School of Nursing, Southern Illinois University at Edwardsville.
- The Relationship Between Preference for Structure and Self-Directed Learning Readiness in Students Enrolled in Two Programs of Nursing Education. (9.3)
  Marion Good, RN, MSN, Medical College of Ohio School of Nursing.

1:00 - 2:30 #10 TECHNOLOGICAL APPLICATIONS IN EDUCATION - Semillon

- Administrator and Faculty Acceptance of the Computer as a Technological Innovation in Baccalaureate Nursing Programs in Indepedent Colleges in the Midwest. (10.1)
  Connie White Delaney, RN, PhD, Assistant Professor in Nursing, Luther College, Decorah, Iowa.

WEDNESDAY, JANUARY 14, 1987
Paper Sessions (10-11)

1:00 - 2:30 #10

- Baccalaureate Nursing Students' Attitudes Toward Computer Assisted Instruction and Perceived Usefulness of Selected Software Programs. (10.2)
  Elsie E. Gulick, RN, PhD, and Jean M. Arnold, RN, PhD, Rutgers, The State University of New Jersey, College of Nursing, Newark.
- Performance and Norms of Time for Adult Learners Instructed in CPR by an Interactive Videodisc System. (10.3)
  Ann L. Lyness, RN, PhD, Director, Learning Resources Center, Assistant Professor, School of Nursing, University of Pittsburgh, Pittsburgh, Pennsylvania.

2:30 - 3:00 BREAK - Second Floor Foyer

3:00 - 4:30 #11 POSTER SESSIONS - Cabernet II

- Validating Critical Behaviors in Clinical Evaluation. (11.1) [Table 1]
  Barbara W. Allerton, RN, MSN, Assistant Professor of Nursing, and Alice Bevans, Associate Professor of Nursing, Lewis-Clark State College, Lewiston, Idaho.
- Needs of RNs Returning for a BSN. (11.2) [Table 2]
  Nancy Beardslee, RN, EdD, University of Northern Colorado, Greeley.
- Relationship of Suppport Courses and Nursing Courses with Registered Nurse Licensing Exam. (11.3) [Table 3].
  Gail H. Brophy, RN, PhD, School of Nursing, Indiana State University, Terre Haute.
- Community Health Nursing Curriculum Components in Baccalaureate Nursing Education. (11.4) [Table 4]
  Grace Manion Catell, RN, PhD, Graduate Nursing Program, Nursing Department, Indiana University of Pennsylvania, Indiana, Pennsylvania.
- The Poster Session as a Student Reportorial Technique. (11.5) [Table 5]
  Mary Lou Wranesh Cook, RN, MS, Assistant Professor of Nursing, College of Technology, State University of New York, Utica.

Lines of Reasoning Used by Expert Nurses: A Pilot Study. (11.6) [Table 6]
Sheila Corcoran, RN, PhD, Associate Professor, School of Nursing, University of Minnesota, Minneapolis; Suzanne Narayan, Assistant Professor, Nursing Program, Metropolitan State University.

- Post-Baccalaureate Education in Nursing. (11.7) [Table 7]
  Geraldine E. Edens, RN, PhD, Assistant Professor, and Georgie Labadie, RN, EdD, Professor and Associate Dean, Graduate Studies, School of Nursing, University of Miami, Coral Gables, Florida.
- Faculty Response to Closure of a Diploma School: A Case Study. (11.8) [Table 8]
  Betsy Frank, RN, PhD, Wright State University-Miami Valley School of Nursing, Dayton, Ohio.
- Success in Old and New Licensure Examinations: Pre-Admission Factors and Academic Performance. (11.9) [Table 9]
  Marie-Luise Friedemann, RN, PhD, Wayne State University, College of Nursing, Detroit, Michigan; Susan Valentine, RN, MSN, Department of Nursing Education, Eastern Michigan University, Ypsilanti.
- Research Attitudes, Activities, and Perceived Competency Among Nurses. (11.10) [Table 10]
  Karen B. Haller, RN, PhD, Foster G. McGaw Hospital, Loyola University of Chicago, Chicago, Illinois.
- A Decision-Making Model for Program Evaluation. (11.11) [Table 11]
  Linda Chapman, RN, MS, University of California, San Francisco.
- Clinical Decision Making and its Relationship to Learning Style and Personality Type. (11.12) [Table 12]
  Ellen A. McFadden, RN, MS, Assistant Professor, University of Maryland, School of Nursing, Baltimore, Maryland.
- A Social Interaction Model for School to Work Transition. (11.13) [Table 13]
  Mary Ellen Hazzard, RN, MEd, MS, Associate Professor and Anne Woodtli, RN, PhD, Assistant Professor, Univeristy of Arizona, College of Nursing, Tucson.

- Clinical Decision Making Perceptions Among Baccalaureate Nursing Students. (11.14) [Table 14]
  Helen Jenkins, RN, PhD, George Mason University, Fairfax, Virginia.
- Mapping the Concept of Caring Within Family Systems. (11.15) [Table 15]
  Betty Rose Johnson, RN, MSN, School of Nursing, University of Texas Health Science Center at San Antonio.
- Predicting the Success of Baccalaureate Nursing Students on the National Examination for Registered Nurses. (11.16) [Table 16]
  Miriam Munden Quick, RN, MPH, Assistant Professor, East Carolina University, Greenville, North Carolina.
- A Comparative Study of Goal Perceptions of Administrators, Faculty, and Students of Selected Baccalaureate Nursing Programs. (11.17) [Table 17]
  Linda G. Linc, RN, PhD, College of Nursing, University of Akron, Akron, Ohio.
- Time Perspective of Nursing Students and Its Relationship to Nursing Care Planning. (11.18) [Table 18]
  Frances Ouellete, RN, MS, Boston College School of Nursing, Boston, Massachusetts.
- Graduate Programs in Nursing: Names of Majors. (11.19) [Table 19]
  Katherine Wiley, RN, EdD, Associate Professor and Chairman, Maternal Child Health Nursing, Niehoff School of Nursing, Loyola University of Chicago, Chicago, Illinois.
- Research Assistantships in Nursing. (11.20) [Table 20]
  Bonnie R. Reinert, RN, MSN, and Gaye W. Poteet, RN, EdD, School of Nursing, University of Texas Medical Branch, Galveston.
- Comparison of Professional Profiles of Illinois Nursing Educators and Other Higher Degree Prepared Nurses: Implications for Public Policy and Nursing Education. (11.21) [Table 21]
  Ann Minnick, RN, PhD, College of Nursing, University of Illinois at Chicago.
- A National Model for Continuing Education. (11.22) [Table 22]
  Jane C. Swart, RN, PhD, School of Nursing, University of Colorado Health Sciences Center, Denver, Colorado.

WEDNESDAY, JANUARY 14, 1987
Poster Sessions (11)

- Characteristics of Clinical Nurse Educators. (11.23) [Table 23]
  Elvira Szigeti, RN, PhD, College of Nursing, University of North Dakota, Grand Forks.
- A Bayesian Approach to Predicting Academic Performance. (11.24) [Table 24]
  Mary L. Wolfe, PhD, Associate Professor, School of Nursing, University of Maryland, Baltimore.
- Psychomotor Skills Acquisition in Nursing: Intramuscular Injections. (11.25) [Table 25]
  Rene A. Day, RN, PhD, Faculty of Nursing, University of Alberta, Edmonton, Alberta, Canada.
- The Use of the Long Term Care Facility in Clinical Instruction of Nursing Students. (11.26) [Table 26]
  Noreen A. Frisch, RN, PhD, Southeast Missouri State University, Cape Girardeau.
- Use of a Theory-Based Instructional Strategy to Teach Concepts Contained in the Nursing Care Plan. (11.27) [Table 27]
  Kathleen K. Hunter, RN, MS, and Marsha L. Lewis, RN, MS, University of Minnesota, School of Nursing, Minneapolis.
- Analysis of Trends in Nursing Education. (11.28) [Table 28]
  Ann M. Gothler, RN, PhD, Consultant, National League for Nursing, and Professor of Nursing, Russell Sage College, Troy, New York.

THURSDAY, JANUARY 15, 1987

7:00 - 8:30 — **Registration - Second Floor Foyer**

7:00 - 8:30 — **TRAINING SESSION BREAKFAST (optional) - Cabernet III**

"Writing for Publication"
Florence S. Downs, RN, EdD, FAAN, University of Pennsylvania, Philadelphia

THURSDAY, JANUARY 15, 1987
Paper Sessions (12-13)

8:30 - 10:00 #12 COGNITIVE AND AFFECTIVE DEVELOPMENT - Semillon

- From Layperson to Novice Nurse: Professional Socialization in Nursing. (12.1)
  Michelle M. Byrne, RN, MS, Lecturer, School of Nursing, University of Wisconsin-Madison.
- From Layperson to Novice Nurse: Exploring the Clinical Nursing Knowledge and Judgment-Making Skills of Student Nurses (12.2)
  Deborah Johnson, MS, CCRN, Clinical Nurse Specialist, Methodist Hospital, Madison, Wisconsin.
- Caring Experiences of Student/Faculty Dyads (12.3)
  Gloria M. Clayton, RN, EdD, Associate Professor and Associate Dean, School of Nursing, Medical College of Georgia, Augusta; Joyce P. Murray, RN, MSN, Associate Professor and Chair, Department of Nursing, Georgia Southern College, Statesboro.

8:30 - 10:00 #13 ADMISSION AND RETENTION OF STUDENTS - Sauternes I

- Determining the Factors Which Influence Student Selection of a School of Nursing--The Applicant Survey. (13.1)
  Susan Bond Chambers, MBA, School of Nursing, University of Maryland, Baltimore.
- Admission Requirements and Recruitment Strategies: A National Study of Baccalaureate, Associate Degree, and Diploma Nursing Programs. (13.2)
  Peri Rosenfeld, PhD, Director of Annual Surveys, National League for Nursing, New York, New York.
- Tinto's Model of Dropout from College as a Predictor of Attrition from an ADN Program. (13.3)
  Brenda Vosbein, RN, MSN, Department of Nursing, Cypress Community College, Cypress, Georgia; Mary Ruth Ivan, RN, PhD, Graduate Coordinator, Department of Nursing, Fresno State University, Fresno, California.

THURSDAY, JANUARY 15, 1987
Paper Sessions (14-15)

8:30 - 10:00 #14 STUDENT CHARACTERISTICS - Sauternes II

- Longitudinal Study of Nursing Student Satisfaction as Related to Selected Proxy Measures of Quality Education--The Value Added Approach. (14.1)
  Gretchen Reising Cornell, RN, PhD, Associate Professor of Nursing, Northeast Missouri State University, Kirksville.
- A Comparative Study of the Relationship of Satisfaction, Goal Commitment and Academic Achievement of Students in Private and Public Baccalaureate Schools of Nursing. (14.2)
  Patricia H. Okimi, RN, PhD, Assistant Professor, and Linda C. Curry, RN, PhD, Assistant Professor, Harris College of Nursing, Texas Christian University, Fort Worth.
- Student Differences in Three Nursing Programs: Traditional BSN, Nontraditional BSN, and ADN. (14.3)
  Leah Byles Ramer, RN, PhD, School of Nursing, Indiana State University, Terre Haute.

8:30 - 10:00 #15 FACULTY PRODUCTIVITY I - Sauternes III

- The Relationship Between Professionalization of Nursing Faculty, Leadership Styles of Deans, and Faculty Scholarly Productivity. (15.1)
  Mary Katherine Wakefield-Fisher, RN, PhD, Associate Professor and Chair, Nursing Professionalism and Practice Area, College of Nursing, University of North Dakota, Grand Forks.
- Academic Careers of Nursing Faculty. (15.2)
  Donna K. Ipema, RN, PhD, Director, Department of Nursing, Trinity Christian College, Palos Heights, Illinois.
- Professional Development Needs of Collegiate Nursing Faculty: Perceptions of Faculty and Administrators. (15.3)
  Elaine F. Nichols, RN, EdD, College of Nursing, University of Akron, Akron, Ohio.

10:00 - 10:30 BREAK - Second Floor Foyer

THURSDAY, JANUARY 15, 1987
Paper Sessions (16-18)

10:30 - 12:00 #16 NURSING CURRICULUM - Sauternes II

- Analysis of Clinical Laboratory Hours in Nursing Education. (16.1)
  Ann M. Gothler, RN, PhD, Consultant, National League for Nursing, and Professor of Nursing, Russell Sage College, Troy, New York.
- Differentiation Between Levels of Nursing Education: A Quantitative Synthesis. (16.2)
  Joyce H. Johnson, RN, PhD, College of Nursing, University of Illinois at Chicago.
- Correlates of Professional and Liberal Outcomes of Baccalaureate Degree Nursing Education. (16.3)
  Helen A. Hanson, RN, PhD, Director of Research, Samuel Merritt College of Nursing, Oakland, California.

10:30 - 12:00 #17 PROGRAM OUTCOMES - Sauternes I

- Impact of Outreach Master of Science in Nursing Program. (17.1)
  Dorothy E. Reilly, RN, EdD, FAAN, Professor, College of Nursing, Wayne State University, Detroit, Michigan.
- New Graduate Competence: A Comparison of Nursing Service and Faculty Expectations. (17.2)
  Anne Loustau, RN, PhD, Department of Physiological Nursing, University of Washington, Seattle.
- Educational Needs of Home Health Care Nurses. (17.3)
  Moira D. Shannon, EdD, RN, Associate Professor, School of Nursing, George Mason University, Fairfax, Virginia

10:30 - 12:00 #18 RN/BSN STUDENTS - Sauternes III

- A Comparative Study of Adult Developmental Patterns of Generic Students and RN Students in a Baccalaureate Nursing Program. (18.1)
  Joan E. King, RN, PhD, School of Nursing, Vanderbilt, Tennessee.
- Characteristics of Registered Nurse Students and Their Returning-to-School Experience. (18.2)
  Jane E. Murdock, RN, EdD, School of Nursing, University of Connecticut, Storrs

THURSDAY, JANUARY 15, 1987
Paper Sessions (18-20)

10:30 - 12:00 #18 - The Life Change Events and Coping Behaviors of Registered Nurses Returning to College for a Baccalaureate of Science Degree. (18.3)
Elizabeth R. Fadden, RN, MSN, Instructor, Community Health Nursing, Southern Illinois University at Edwardsville.

10:30 - 12:00 #19 FACULTY ROLES AND EXPECTATIONS II - Semillon

- The Image of Professional Nursing on the University Campus: A Regional Inquiry.
Doris Troth Lippman, RN, EdD, Associate Professor, and Karen Stonkas Ponton, RN, MA, Assistant Professor, Fairfield University, Fairfield, Connecticut.
- Mentoring: Correlates with Role Conflict and Role Ambiguity among Nurse Academicians. (19.2)
Laurie T. Jowers, RN, PhD, Department of Adult Nursing, School of Nursing, Medical College of Georgia, Augusta.
- Role Expectations of Joint Academic/Clinical Appointees in University Nursing Faculties. (19.3)
Sonia Acorn, College of Nursing, University of Utah, Salt Lake City, Utah.

12:00 - 1:00 LUNCH - Cabernet III

1:00 - 2:30 #20 ISSUES IN NURSING EDUCATION - Sauternes III

- Graduate Programs in Nursing: Placement in University Organizational Structures.
Katherine Wiley, EdD, RN, Associate Professor and Chairman, Department of Maternal Child Health Nursing, Niehoff School of Nursing, Loyola University of Chicago, Chicago, Illinois.
- Specialized Accreditation in Baccalaureate Nursing Education. (20.2)
Kim Litwack, RN, PhD, Rush University, School of Medicine, Rush-Presbyterian-St. Lukes Medical Center, Chicago, Illinois

THURSDAY, JANUARY 15, 1987
Paper Sessions (20-22)

1:00 - 2:30 #20 - Delivery of Content From Other Disciplines in Nursing Curricula.
Patricia Gonce Miller, RN, MS, Instructor, University of Maryland, School of Nursing, Baltimore, Maryland.

1:00 - 2:30 #21 FACULTY PRODUCTIVITY II - Sauternes II

- A Contextual Analysis of Faculty Productivity. (2.1)
  William L. Holzemer, RN, PhD, FAAN, School of Nursing, University of California, San Francisco.
- Nurse-Faculty Work Motivation and Publication Productivity in Relation to Core Job Characteristics and Demographic Variables. (21.2)
  Ellen T. Daly, RN, EdD, Associate Professor, College of Nursing, Northeastern University, Boston, Massachusetts.
- Antecedents of Research Productivity in Published Nurse Researchers. (21.3)
  Wealtha C. McGurn, RN, PhD, CPNP, Associate Professor, School of Nursing, University of Baltimore.

1:00 - 2:30 #22 TEACHING AND LEARNING - Semillon

- Wellness Behavior of Nursing Students: An Outcome of a Health Oriented Curriculum. (22.1)
  Mary Ann Boyd, PhD, DNS, School of Nursing, Southern Illinois University at Edwardsville.
- The Relationship Between Basic Mathematics Skills of Nursing Students and Selected Background Variables--Alberta, Canada. (22.2)
  Patricia L. Chenger, RN, EdM, Faculty of Nursing, University of Calgary, Calgary, Alberta, Canada.
- The Use of Practice and Feedback to Enhance Learning and Retention of Nursing Skills. (22.3)
  Rose Utley, RN, MS, Instructor, College of Nursing, University of North Dakota, Grand Forks.

THURSDAY, JANUARY 15, 1987
Paper Sessions (23)

1:00 - 2:30 #23 FORUM: PRESENTATIONS WITH PIZZAZZ - Sauternes I

Gloria Clayton, RN, EdD, Medical College of Georgia, Augusta; Ann Gothler, RN, PhD, Russell Sage College, Troy, New York; Joan Thiele, RN, PhD, Intercollegiate Center for Nursing Education, Spokane, Washington; Lois Allen, RN, MA, Widener University, Chester, Pennsylvania.

2:30 - 3:00 BREAK

3:00 - 4:30 SRNEF BUSINESS MEETING - Cabernet II

4:30 - 6:30 SPECIAL INTEREST GROUP MEETINGS

(1) Research on professional socialization in nursing education - Semillon

(2) Policy research in nursing education - Gamay

(3) Clinical teaching - Sauternes I

(4) Clinical decision-making - Sauternes III

(5) Evaluation

FRIDAY, JANUARY 16, 1987
Paper Sessions (24)

8:30 - 10:00 #24 EDUCATIONAL DIVERSITY - Sauternes I

- The Doctor of Nursing (ND) Program at Case Western Reserve University: Preliminary Evaluation of Graduates. (24.1)
  Joyce J. Fitzpatrick, PhD, FAAN, Professor and Dean, Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, Ohio.

FRIDAY, JANUARY 16, 1987
Paper Sessions (24-26)

8:30 - 10:00 #24

- A Comparative Analysis of Academic Programs Preparing Nursing Administrators. (24.2)
  Mary S. Tilbury, RN, EdD, CNAA, Vice President, Nursing and Support Services, and Barbara Stepura, RN, MS, CNA, Director, Administrative Services/Nursing, The Alexandria Hospital, White Plains, Maryland.
- The Historical Evolution of Theories and Conceptual Models for Nursing. (24.3)
  Joellen W. Hawkins, RNC, PhD, FAAN, Professor and Coordinator, Maternal Child Health, Boston College, Boston, Massachusetts.

8:30 - 10:00 #25 FACULTY ROLES AND EXPECTATIONS III - Sauternes II

- Teacher Education in Nursing: A Study of Nursing Faculty, Student, and Administrator Perceptions. (25.1)
  Rose Jackson, RN, PhD, Professor, and Dixie Ray, MPA, Assistant Professor, School of Nursing, Nursing Instructor, Indiana University, Terre Haute.
- Analysis of Status-Risk and Personality Explanations of Nursing Faculty Resistance to Innovation. (25.2)
  Keela Ann Herr, RN, PhD, Northeast Missouri State University, Kirksville.
- Faculty Tenure: The Relationship between Reward Allocation in Academe and Codification of Knowledge. (25.3)
  Mary Needham Moore, RN, PhD, Assistant Professor, School of Nursing, University of Virginia, Charlottesville.

8:30 - 10:00 #26 EVALUATION OF STRESS - Sauternes III

- Development of a Valid and Reliable Role Strain Inventory. (26.1)
  Cecile A. Lengacher, RN, PhD, Director, Division of Nursing and Health Sciences, Manatee Community College, Bradenton, Florida.
- The Effect of a Test-Taking/Study Skills and Stress/Anxiety Management Workshop upon Performance on the NCLEX-RN Exam. (26.2)
  Jane E. Murdock, RN, EdD, School of Nursing, University of Connecticut, Storrs.

FRIDAY, JANUARY 16, 1987
Paper Sessions (26-27)

8:30 - 10:00 #26

- Psychometric Evaluation of the Pagana Clinical Stress Questionnaire. (26.3)
  Kathleen Deska Pagana, RN, MSN, Instructor of Nursing, Lycoming College, Williamsport, Pennsylvania.

8:30 - 10:00 #27 **INSTRUCTIONAL METHODS AND OUTCOMES** - Semillon

- Student Attitudes Toward Research in Baccalaureate Nursing Programs. (27.1)
  Delores A. Bower, RN, PhD, Associate Professor, College of Nursing, University of Akron, Ohio.
- Registered Nurses' Attitudes and Perceptions of Outcomes Following Six Years of Participation in Mandatory Continuing Education. (27.2)
  Carol A. Hutton, RN, EdD, Associate Professor and Director, RN and Continuing Education, School of Nursing, Barry University, Miami, Florida.
- Heuristics Used by Nurse Scientists for Teaching Research. (27.3)
  Linda Moody, RNC, PhD, Professor, Celia Blanks, RN, EdD, Associate Professor, and Marie Visscher, RN, MN, Assistant Professor, College of Nursing, University of Florida, Gainesville.

10:00 - 10:30 **BREAK** - Second Floor Foyer

10:30 - 11:30 #28 **CLOSING ADDRESS** - Cabernet II and III

"Research in Nursing Education: Currents and Controversies"
Christine A. Tanner, RN, PhD, FAAN, Oregon Health Sciences University, Portland, Oregon

ABSTRACTS*

*All abstracts are listed numerically by session. Please check the program to find the time and location of each presentation. To find the address of the senior author and presenters for more information, please check the directory at the back of the book.

2.1

DIAGNOSTIC ERRORS BY NURSES AND NURSING STUDENTS

Una E. Westfall, RN, MSN
Christine A. Tanner, RN, PhD, FAAN
Donajo Putzier, RN, PhD
Karen Padrick, RN, MN

Errors of diagnostic reasoning often are considered only in terms of the accuracy of a final diagnostic conclusion. Diagnostic reasoning, however, is a process. Thus, it is necessary to examine sequences and activities that lead to a conclusion when analyzing such errors. A large descriptive study, grounded in information processing theory, is investigating cognitive processes used by nurses and nursing students. As part of that study, the research reported in this paper is a qualitative description of errors that occur throughout the diagnostic reasoning process and the consequences of those errors on the ultimate conclusion.

The convenience sample of 43 subjects was comprised of junior and senior nursing students and practicing nurses from a western health sciences center. Each subject individually responded to videotaped clinical case simulations using the verbal protocol technique. Transcripts from three tape recorded cased were content analyzed for errors.

An error was defined as failure to meet any of the following requirements of competent performance: use of available data; reasonable conclusions from presented data; and efficient time use. Errors have been identified within each major component of a diagnostic reasoning model: 1) problem sensing, (b) hypothesis activation, (c) related information gathering, and (d) hypothesis evaluation. These errors differed in seriousness, time, and impact on final judgment. Not all errors inevitably led to wrong conclusions.

Gaining insights about the nature of errors that can occur in diagnostic reasoning should put us in a better position to help students improve their diagnostic performance.

2.2

A COMPARISION OF THE CLINICAL JUDGMENT PROCESS USED BY REGISTERED NURSES AND NURSING STUDENTS

Joanne K. Itano, RN, MS, MEd

The process of making clinical judgments about a patient's state of health is a central task of the professional nurse. This task has not been extensively studied or consciously used by nurses. The purpose of this study was to analyze the clinical judgment process used by registered nurses identified as highly skilled judgment-makers (HSJMs) and student nurses. Two areas of the clinical judgment process were explored: (a) the type and number of cues elicited, and (b) the judgment process. Thirteen students within a month of graduation, and 13 HSJMs particpated in this study.

For each participant, the judgment task was an initial assessment of a hospitalized patient. Each nurse was initially provided with the patient's Kardex. The Kardex provides information on the patient's age, diagnosis, medication and treatment orders, laboratory and diagnostic tests ordered, and physician's name, and the end-of-shift report, which summarized the major events in the last eight hours for the patient. The nurse-patient interview was tape recorded. Each nurse was then asked to review her thoughts as short segments of the nurse-patient interview were replayed. This was also audio recorded. These tapes were transcribed, and three nurse educators rated each transcript using a judgment process rating scale.

The results of this study indicate that: the registered nurses collected significantly more cues than the students and HSJMs collected cues in the same proportion; and, total scores on the rating scale could discriminate between the student and HSJM group.

(This study was supported in part by Sigma Theta Tau, Gamma Psi Chapter, Hawaii Nurses' Association, and University of Hawaii School of Nursing.)

2.3

CUES AND STRATEGIES USED IN THE DIAGNOSIS OF CONDITIONS OF PAIN

Laurel E. Radwin, RN, C, MS

Information-processing theory and descriptive methodology were used to examine information collected and strategies used by 20 clinical nurse specialists in formulating nursing diagnoses of pain conditions. The subjects collected information about two hypothetical patients and discriminated among five pain conditions during completion of two diagnostic tasks. Subjects described use of information collected and named critical defining characteristics for each diagnosis formulated. This methodology permitted the investigator to track cues and strategies used.

Amount, sequence, and frequency of information collected, hypothesis-testing procedures, and stated critical defining characteristics were analyzed. The data revealed similarities and differences between subjects who were accurate in diagnosis and subjects who were inaccurate. The difference in amount of information collected by accurate and inaccurate subjects was not statistically significant. Information collected early in the diagnostic tasks by accurate and inaccurate subjects was similar and included verbal report of pain, pain location, and pain description. In the latter halves of the tasks, a majority of accurate subjects collected information regarding pain relief measures and pain precipitating factors. Inaccurate subjects varied in information collected in the latter halves. The accurate subjects more frequently considered two or more diagnostic hypotheses simultaneously in multiple hypothesis testing than inaccurate subjects. Overall, the subjects delineated a large number of critical defining characteristics after completing the tasks.

Study results may enhance understanding of the diagnostic process and may be applied when teaching diagnostic reasoning. Research recommendations include examining (1) quantity vs. quality of information collected, (2) multiple hypothesis testing and cognitive strain, and (3) diagnostic accuracy and variability of information collected.

3.1

ROLE OF NURSING SCHOOL DEANS AS PERCEIVED BY NURSING SCHOOL FACULTY AND DEANS

Barbara Asche Haynes, RN, PhD

The purpose of the study was to describe how faculty members and deans perceive the dean's role. The research questions were:

1. What are faculty members' perceptions of the decanal role?

2. What are deans' perceptions of the decanal role?

3. How do faculty members' and deans' perceptions compare?

Thirty deans and 242 faculty were study subjects. Only schools located in academic health science centers in the United States were used for selection of study subjects. The symbolic interaction aspect of role theory and organizational theory provide the conceptual framework for this descriptive study.

Data were collected on a mailed questionnaire designed for the study. A 78 percent return rate (N=342) was obtained with three follow-up letters. Frequency distributions, measures of central tendency, rank ordering, and Spearman's rho were the major forms of data analysis. The findings showed a close relationship between faculty members' perceptions of the decanal role and deans' perceptions of the decanal role. The following conclusions were drawn:

1. Faculty members perceive the dean's role to be that of an administrator with duties and responsibilities internal and external to the school and the university.

2. Deans perceive the dean's role to be that of an administrator with duties and responsibilities internal and external to the school and the university.

3. Faculty members and deans do not give high priority to the scholarly aspects of the dean's role.

4. Faculty members and deans do not consider directing student affairs, directing the curriculum, and serving on faculty committees as primary aspects of the dean's role.

3.2

VARIABLES INFLUENCING ADMINISTRATIVE EVALUATIONS OF DEANS AND DIRECTORS IN NURSING EDUCATION

Mary Ann Christ, EdD
Linda C. Hodges, EdD

The purpose of this study was to describe current methods of administrative evaluation of unit administrators of collegiate nursing programs in public and private institutions.

Four hundred twenty-eight National League for Nursing-accredited schools in institutions of higher education were surveyed during Fall 1985. A questionnaire based on Seldin's model for administrative evaluation was used. Two hundred sixteen subjects completed and returned the questionnaire, for a 50 percent response rate. Findings indicated that unit administrators in private institutions were younger, less experienced, and had been in their positions longer than counterparts in public institutions. Evaluation was found to be based on job descriptions, governed by formal policies and conducted annually. Major differences related to the use of evaluations.

Institutional expectations on administrative variables were found to be comparable across settings. Differences did exist between unit administrators across settings on perceived value of evaluation variables, organizing, and people developing. Unit administrators in all settings reported agreement on relative importance of evaluation variables. Significantly more subjects, however, reported that an area should be evaluated than reported it was evaluated. In the future, the relative priority of the variables of financing (ranking seventh) and innovating (ranking eighth) can be expected to change given the fiscal crisis in higher education. Based on findings in this research study and those in nursing studies on administrative evaluation conducted in 1977 and 1982, it is anticipated that increasing numbers of institutions will utilize administrative evaluation as a means of ensuring effective leadership in schools of nursing.

3.3

WOMEN AND NURSES AS ACADEMIC LEADERS--THE INFLUENCE OF PERCEPTIONS

Mary Boose Walker, RN, EdD

PURPOSE

The advancement of women and nurses as academic leaders in the 1980s may be influenced by perceptions, attitudes, and beliefs which become a basis for decision making.

This study replicated Walker's (1979) study which examined how perceptions influenced the selection and development of leaders. Fishbein's balance theory (1958) was the theoretical framework.

BACKGROUND

In the 1970s collegiate programs began to advance women who showed promise into major positions in academic administration. Advancement of women in the 1980s may have less to do with equality of access and technical knowledge than with fundamental differences in perception. Balance theory has implications for the selection of leaders since it deals with relationships between attitudes and beliefs and how these relationship may influence policy decisions of institutions.

An opinionnaire was mailed to identified presidential and dean positions during Winter 1986 in 20 randomly selected institutions. The data from 160 returns (58%) will be analyzed during Summer 1986 using analysis of variance.

EXPECTED FINDINGS

1. There is an informal male preference policy based on beliefs and attitudes.

2. Socialization for leadership still falls within the male assigned role.

3. There is growing pessimism among women leaders about acceptance by men and increasing resistance by men to women leaders as leadership opportunities for men are curtailed.

4. Commonly held attitudes and beliefs that stereotype nurses become barriers to implementation of institutional policies.

4.1

NURSE LEARNER INTERACTIONS WITH CONTINUING EDUCATION: A FIELD STUDY

W. Louise Shores, RN, MN, EdD

This exploratory study sought understanding of how adult learners and learning situations interact, and how those interactions might be explained. Using a constructivist, interactionist theoretical base, and interpretive qualitative research methodology, the study was conducted in two parts involving different data sources--field study and meta-analysis of prior research.

This presentation will focus on the conduct and findings of the field study, which included observation of learning situations and interviews of participants. The purpose for this aspect of the study was to seek understanding of nurse learners' experiences in their own terms. Subjects were RNs enrolled in a series of classes to prepare for medical-surgical certification. Anlysis included comparison of multiple learners from the situations. Explored elements of learners' experiences included past experience, prior knowledge, purpose, attention level, emotional response, and perceptions.

The person situation process model (Nystedt) was used as an organizing framework for data display and analysis. Conclusions from the integrative analysis of field study and research review included (a) that learner perceptions, and momentary states, such as attention level and emotional responses, are important elements in learners' experience, and have received almost no attention in prior research, and (b) that individual learners exhibit unique combinations of characteristics such as prior knowledge, past experience, and purpose, which are related to ways they experience learning situations, and which help to explain idiosyncratic responses.

The full study was conducted to provide a base for theory development and further research on learner situation/interactions. The reported field study was done to ground subsequent theory development in the experience of nurse learners.

4.2

AN EVALUATION OF PROGRAM DESIGN TO INCREASE THE SELF-DIRECTED LEARNING READINESS OF REGISTERED NURSE STUDENTS

Carol A. Hutton, RN, EdD

Knowles' theory--specifically, the concept of self-directedness--provided the theoretical framework upon which an upper-division role-transition course was developed for RN students in a university-based baccalaureate nursing program. Following a modular format, learning experiences were designed to assist the RN student to further develop a self-directed orientation toward learning. Students participated in determining learning needs, designing and implementing instructional modules and learning contracts, and designing and evaluating many forms of non-traditional teaching-learning methods.

Utilizing Guglielmino's Self-Directed Learning Readiness Scale (SDLRS) as both a diagnostic and evaluation tool, this project was conducted to determine the degree to which RN students modified or changed their learning style. The SDLRS was administered to 30 RN students at the beginning and end of their first semester in a three-semester BSN completion program. Analysis revealed a significant gain ($t = 5.48$, $p < .01$) in self-directed learning readiness at the end of the semester.

This project is one of many studies that have been conducted using the SDLRS, but among the few which have investigated changes in learning style based on planned educational intervention. Findings support Knowles' conceptualization of adult learners, and point to the value of the andragogical approach over traditional teaching methods to meet the learning needs of this growing group of students.

4.3

BACCALAUREATE AND ASSOCIATE DEGREE STUDENT NURSES' CULTURAL KNOWLEDGE OF AND ATTITUDES TOWARD BLACK AMERICAN CLIENTS

Emma Felder, RN, PhD

The purpose of this study was to assess and compare baccalaureate and associate degree student nurses' cultural knowledge of and attitudes toward Black American clients. Has the teaching of cultural diversity in health practices in either the four-year baccalaureate or the two-year associate degree nursing program resulted in the acquisition of demonstrable cultural knowledge of and appropriate attitudes toward Black American clients?

The sample consisted of 110 baccalaureate and associate degree senior and freshmen students from National League for Nursing-accredited schools of nursing in southeastern Wisconsin that included cultural diversity educational experiences in their curricula.

The questionnaire was in three parts: a biographical section, a cultural knowledge tool, and an attitude scale. The cultural knowledge tool tested a KR-20 reliability .76. The attitude scale measured a reliability coefficient alpha .91 for Black American clients.

The t-test was used to compare the two nursing educational programs' student nurses' cultural knowledge of and attitudes toward Black American clients. Analysis indicated that there was statistically significant difference in cultural knowledge between the two programs and no difference in attitudes toward Black American clients at the .05 level. Results indicated that baccalaureate-degree freshmen (the least in rank, $\overline{X} = 56.52$) were significantly different from the other three classes in cultural knowledge of Black American clients, $p < .05$. There were no significant differences in the cultural knowledge of Black American clients among associate-degree freshmen ($\overline{X} = 71.85$), baccalaureate-degree seniors ($\overline{X} = 70.92$), and associate-degree seniors ($\overline{X} = 70.08$). No significant difference was indicated between the classes in attitudes toward Black American clients at the .05 level.

5.1

NURSING SKILL COMPETENCIES NEEDED BY THE NEW GRADUATE AS PERCEIVED BY FACULTY, STUDENT, AND EMPLOYER

Lorrie N. Hegstad, RN, PhD
Jackie McFarlin, RN, MSN, MPH

This descriptive study was designed to identify and compare the expected and demonstrated performance behavior of the new graduate in relation to selected basic and advanced psychomotor skills. Thirty-three faculty and 44 students from a major North Texas baccalaureate nursing program and 162 nurse managers and recruiters from 29 acute care agencies in the area responded to a questionnaire. The questionnaire consisted of 50 psychomotor skills that the nurse might perform in the acute care setting. Each group was asked to indicate which skills the new graduate should be able to perform independently (without further instruction) and the skills the new graduate can perform independently at graduation. Kruskal-Wallis one-way analysis of variance was used to test for differences between the scores from the three groups. All computed H values were found to be significant, indicating that there was a difference in the average performance level, the average satisfaction level, and the expected and demonstrated performance level reported by the three groups. The Mann-Whitney U indicated the greatest difference was between faculty and service in expected and demonstrated performance levels. The data indicated that faculty, students, and service disagree about the preferred level of skill competence of the new graduate. The data imply that while education can not teach all skills, there may be certain skills that all groups value and can agree are essential for the new graduate. The data continue to be evaluated and are being used by a special committee on marketing in a dialogue with service to determine the essential skills needed by the new graduate.

5.2

CRITICAL THINKING, CREATIVITY, CLINICAL PERFORMANCE, AND ACADEMIC ACHIEVEMENT IN RN TO BSN STUDENTS

Eleanor J. Sullivan, RN, PhD

The purpose of this study was to assess changes in RN students who complete a university baccalaureate nursing program. In a longitudinal study, changes in students' critical thinking skills, creative thinking ability, clinical performance skills, and academic achievement were measured at entry and exit from a baccalaureate nursing program. Subjects (N = 46) were graduates of either a hospital diploma or associate degree nursing program who returned to school for a bachelor's degree in nursing. Three instruments were utilized to measure the variables under investigation. These were the Watson-Glaser Critical Thinking Appraisal; the Torrance Test of Creative Thinking; the Stewart Evaluation of Nursing Scale; and subject's grade point average. Instruments were administered to subjects in the first four weeks of enrollment in the nursing major and in the last four weeks in the final semester of study. It was anticipated that improvement would be found in all four variables under study. However, only clinical performance, academic achievement and one measure of creativity, verbal flexibility, showed higher scores at exit than at entry. Critical thinking ability did not change and overall creativity scores were lower. However, nurses with more practice experience scored higher on critical thinking than recent graduates at entry but few differences existed by graduation. In addition, subjects' scores on all dimensions of creativity showed wide variability, indicating possible individual differences not accounted for in this study. Future research should address additional variables that may be associated with baccalaureate education of RNs.

5.3

CHARACTERISTICS OF BEST AND WORST CLINICAL TEACHERS AS PERCEIVED BY BACCALAUREATE NURSING STUDENTS AND FACULTY

Judith Mogan, RN, MA
Janet E. Knox, RN, MN

Although clinical teaching is recognized as a critical part of nursing education, criteria for effective clinical teaching are lacking. This study identified and compared characteristics of best and worst clinical teachers as perceived by baccalaureate nursing students and faculty. Two hundred and one subjects rated their best and worst clinical teachers using the Nursing Clinical Teacher Effectiveness Inventory (NCTEI). Being a good role model was found to be the most discriminating characteristic for both groups. Consensus was found between faculty and students on eight of the ten highest rated characteristics for best clinical teachers and on six of the ten lowest rated charcteristics. Analysis of variance of category scores for best teachers showed significant differences between ratings by the two groups for Personality Traits, Evaluation, and Interpersonal Relationship. Nursing Competence was rated similarly by faculty and students. There were no significant differences for Teaching Ability or for scores in any category for worst clinical teachers.

Findings of this study not only identify specific characteristics ascribed to best and worst clinical teachers, but also raise interesting questions regarding the differences in perceptions of faculty and students, and point to the urgent need for further research in this important area of nursing education.

6.1

MORAL DEVELOPMENT AND UNETHICAL BEHAVIOR AMONG NURSING STUDENTS

Gail A. Hilbert, RN, DNSc

There is little available about the incidence of unethical behaviors among nursing students and important related variables, such as level of moral development. Such information is of importance for nursing as a profession with its strong commitment to ethical conduct.

The purpose of this study is to examine the relationship of the level of moral judgment to the incidence of self-reported unethical classroom and clinical behaviors among nursing students. Kohlberg's moral development theory suggests that those at higher levels of moral development are able to engage in more complex moral reasoning, resulting in philosophically more adequate ways of resolving moral conflict. Although the theory does not state explicitly that persons at higher levels of moral development will act in more moral ways than those at lower levels, two studies have found that those at higher levels of development did engage in less classroom cheating.

The study used a correlational survey design to collect data from a sample of 63 junior and senior students in a baccalaureate nursing program. Two instruments were used: the Rest Defining Issues Test and the Hilbert Unethical Behaviors Survey. Both tools have been used previously and have established reliability and validity. Information was also obtained on demographic charcteristics of the subjects.

Data analysis included descriptive statistics for all variables and Pearson correlation coefficients to answer the questions regarding the relationships between level of moral development and the incidence of both unethical classroom and clinical behaviors.

The P% score of the DIT, an indication of "principled morality", had a negative correlation of 0.243 ($p = .027$) with unethical clinical behaviors. The relationship between the P% score and unethical classroom behaviors was non-significant. Additionally, there were significant correlations between G.P.A. and the following variables: Positively for age ($p = 0.45$) and P% score ($p = 0.000$) and negatively for unethical classroom behaviors ($p = .003$).

6.2

CRITICAL THINKING AND MORAL REASONING BEHAVIOR OF BACCALAUREATE NURSING STUDENTS

Rebekah L. Fleeger, RN, PhD

This study was conducted to investigate the effect of a baccalaureate curriculum on the critical thinking and moral reasoning behavior of nursing students in a private Christian university. Cognitive-field learning theory, cognitive-developmental theory, and Kohlberg's theory of moral development provided the theoretical framework for the study. Using a cross-sectional design, data were collected to determine if there were differences in critical thinking and moral reasoning between first-year (N = 41), second-year (N = 23), and third-year (N = 27) clinical nursing students. Critical thinking was operationalized through the Watson-Glaser Critical Thinking Appraisal. Moral reasoning was measured by the Defining Issues Test. Follow-up interviews were conducted to elucidate statistical findings.

Statistical analysis revealed no significant differences between the three student groups in critical thinking or moral reasoning. There was a weak but significant relationship between critical thinking and moral reasoning. Significant relationships were also found between measures of aptitude and achievement and critical thinking and moral reasoning. Content analysis of the interviews revealed the salient factors in stimulating critical thinking and moral reasoning are teaching strategies and learning experiences which actively engage the student in problem-solving and decision-making.

There may be problems in the theoretical framework and methodology of this study. Since Kohlberg's theory originates from a masculine perspective, use of an instrument based on this theory may invalidate findings with female samples. It was recommended that further theory development be pursued using qualitative research methods.

6.3

ETHICS IN NURSING INSTRUCTION: MORAL REASONING CAN BE ENHANCED THROUGH SPECIFIC INTERVENTIONS

Noreen A. Frisch, RN, PhD

To evaluate the effects of a teaching intervention on the moral reasoning abilities of baccalaureate nursing students, the value analysis strategy was used to teach ethical content to a group of juniors. Value analysis is an instructional strategy which follows a defined method of analyzing a moral problem. Control and experimental populations were derived from two groups of students sequentially enrolled in the same course. Moral reasoning abilities were defined in accord with Kohlberg's theory of cognitive moral growth. Rest's Defining Issues Test (DIT) was used as the primary measure from which to assess change over one academic semester. Two scores from the DIT were used in analysis: The P score, reflecting level of principled thinking; and the stage score, identifying any subject whose responses were consistent with one moral developmental stage. Crisham's Nursing Dilemma Test (NDT) was used as a concurrent measure of moral development. Pre- and post-testing using the stage score showed significant differences in gain between control and experimental subjects, indicating that instructional intervention produced changes in studentse' level of moral judgement. There was a strong and unexpected association between DIT P score gain and self-report of peer discussion of ethical issues. There were no consistent correlations between measures on the DIT and NDT, a finding suggesting that the two instruments may be measuring different parameters of moral growth.

7

SYMPOSIUM

CLINICAL NURSING KNOWLEDGE RESEARCH-- IMPLICATIONS FOR THE NURSING CURRICULUM

Traditionally, nursing curricula have included knowledge generated by the predominant empirical-analytic paradigm. "Knowing that" or knowledge necessary for our understanding of the serial events that occur in real situations is the most common knowledge presented to student nurses. There is, according to Polanyi, another kind of knowledge that is found in practical situations, "knowing how" or practical knowledge that exists in everyday clinical nursing practice.

Convinced of the importance of the existing practical knowledge within expert nursing practice, Benner documented a rich chronical of nursing activity and a taxonomy of nursing experience. Nursing research that systematically documents the practical knowledge in nursing in the specialty areas of oncology and critical care will be presented as a part of this symposia. Concomitantly, the implications of this clinical nursing knowledge research for curricular and instructional practices will be described.

This symposium will explore: (1) clinical nursing knowledge as subject matter for the nursing curriculum, (2) the practical knowledge (clinical nursing knowledge) of expert oncology and critical care nurses, and (3) the implications of clinical nursing knowledge research for instructional practices in nursing education.

7.1

CLINICAL NURSING KNOWLEDGE AS SUBJECT MATTER FOR THE NURSING CURRICULUM

Nancy Diekelmann, RN, PhD, FAAN

Student nurses learn copious amounts of subject matter, often presented to them in the classroom. Teachers provide students with the acontextual rules they need to guide them as they enter nursing practice. In clinical learning experiences, students are expected to apply the knowledge presented in the classroom, matching theory to particular patient care experiences. Clinical learning experiences have always been valued. It is through clinical experiences that students learn the meaning of the rules presented in the classroom in the context of patient care.

Traditionally, most of the subject matter presented to students is knowledge generated from the predominant empirical-analytic paradigm. According to Polyani, this knowledge, "knowing that," is knowledge necessary for our understanding of the serial events that occur in real situations. There is also another kind of knowledge that exists in practical situations. Practical knowledge is the "knowing how," the knowledge of nursing practice born out of the experience of providing nursing care. According to Heidegger, experience is the turning around of preconceptions that are not confirmed by the actual situation. An individual approaches a situation with a foreknowledge or 'set'; in clinical practice this is often determined by theory, principles, or prior experiences. Experience results only when the event refines, elaborates, or disconfirms the foreknowledge. Thus a nurse gains 'experience' and concomitantly a higher order of clinical knowledge develops, resulting in improved performance. Paradigm cases are powerful tranforming events that 'stand-out' for the nurse. A hermeneutical analysis of paradigm cases led to the development of a taxonomy of nursing experience (Benner). Seven domains and 31 competencies emerged as a beginning to systematically document clinical nursing knowledge.

The use of the Benner Domains of Nursing Practice as a model for the nursing curriculum will be discussed. Classroom strategies such as paradigm case analysis and autotutorial strategies such as diaries and journals will be provided with specific examples. The relationship between classroom and clinical instruction will be reconceptualized.

7.2

EXPLORING THE PRACTICAL KNOWLEDGE IN EXPERT ONCOLOGY NURSING PRACTICE

Sharon J. Olsen, RN, MS

The purpose of this hermeneutical naturalistic study was to explore and describe the clinical knowledge embedded in expert oncology nursing practice. The subjects of the study were nine expert oncology nurses from medical centers located in a medium-sized city in the Midwest. Subjects were interviewed for their paradigm cases. The interviews were transcribed and analyzed using Heideggerian hermeneutics.

Based on the analysis of 27 paradigm cases, exemplars were found to support Benner's seven domains of nursing practice. The two predominant domains represented in oncology nursing were the Helping Role and the Teaching-Coaching Function. Expert oncology nurses also presented paradigm cases with exemplars that were consistent with a new domain documented by Fenton--the Consulting Role of the Nurse. Finally, a new competency was discovered: preserving and protecting diversity in a world that seeks health through domination and control. It was felt this competency was most consistent with the Helping Role domain. Hermeneutical analysis of the paradigm cases revealed the following relational themes: (a) the importance of family involvement in patient care, (b) the extent to which death pervades the life of the cancer patient, (c) the importance of preserving human diversity--providing and insuring a person's right to his or her own individual response and being.

This study extends the research of Benner and similar studies of practical nursing knowledge and has implications for both nursing education and oncology nursing practice. According to Benner, the seven domains and competencies of nursing practice were merely "a place from which we may go forward." This was upheld as a new competency which was uncovered, and an eighth domain was confirmed.

7.3

EXPLORING THE PRACTICAL KNOWLEDGE IN EXPERT CRITICAL CARE NURSING PRACTICE

Anne S. Crabtree, RN, MS
Marcille J. Jorgenson, RN, MS

The purpose of this study was to explore the clinical knowledge embedded within the everyday practices of expert critical care nurses. More specifically, the tasks at hand were: (a) to make the commonplace activity of expert critical care nurses visible and understood, (b) to offer discovery and understanding of the meaning embedded in the everyday practices of critical care nurses through interpretation of paradigm cases, and (c) to disclose the relational or constitutive patterns and themes in critical care nursing practice. Hermeneutical, naturalistic methods were employed to examine the research questions of this study.

The subjects of the study were nine expert critical care nurses from medical centers located in a medium-sized city in the Midwest. Subjects were interviewed to obtain their paradigm cases. The interviews were transcribed and analyzed using Heideggerian hermeneutics. Exemplars were found to support Benner's seven domains of nursing practice.

Based on the analysis of 27 paradigm cases, the two predominant domains represented in critical care nursing were the Helping Role and the Teaching-Coaching Function. Hermeneutical analysis of the paradigm cases revealed the following relational themes: (a) the unique relationship between nursing and medicine in the ICU, (b) the importance of preserving personhood, and (c) issues of death and dying.

This study extends the research of Benner and similar studies (Olsen, 1985) of practical nursing knowledge. The relevance of this study has implications for both nursing education and critical care nursing practice. A beginning exploration into one particular specialty area--critical care--was provided. Further delineation of practice in critical care and across other specialty areas remains at hand.

7.4

CLINICAL NURSING KNOWLEDGE--IMPLICATIONS FOR INSTRUCTIONAL PRACTICES IN NURSING EDUCATION

Nancy Diekelmann, RN, PhD, FAAN

A reconceptualization of the relationship between classroom and clinical instruction could profoundly influence the instructional practices in nursing education. If clinical instruction is conceptualized as a place to hold dialogue with and refine theory, then the attempts by students to apply or match theory to a given patient situation would be turned around. Students enter clinical situations with a foreknowledge or 'set,' which often is determined by theory, principles, or the acontextual rules presented in the classroom or texts. Students' prior experience also influences their foreknowledge. However, it is only when the foreknowledge is refined, elaborated or disconfirmed that students gain the 'experience' and concomitantly clinical nursing knowledge. With this view of classroom clinical instruction, specific strategies will be discussed.

Clinical judgment seminars as group learning experiences will be described. The use of paradigm cases will be proposed to help guide students as they learn the graded qualitative clinical judgements of nursing practice. Strategies will be described that will enhance student nurses learning how to collect their own paradigm cases and thus pursue research questions raised by their own clinical knowledge. In this way, clinical nursing knowledge can challenge, or extend, current theory as a necessary condition to understand nursing practice.

8.1

PROFESSIONAL SOCIALIZATION IN NURSING

Geraldine Edens, RN, PhD

There has been a considerable amount of nursing research conducted on professional socialization. The diversity of this body of research, however, makes it difficult to derive meaning from the findings to support educational change or to base future research on existing studies. The purpose of this research was to critically analyze the published research on professional socialization in nursing over the 30-year period 1955-1985, in order to summarize findings within a unified framework, assess change and growth in nursing education and provide a base upon which to build a cumulative body of research in this area.

Five interacting domains of professional self-growth were identified as outcomes of the socialization process to form the organizing framework for the study: self-image, role conception, attitudes, values, and to determine (1) the theoretical basis of the research, (2) changes that occurred as a result of the educational process, (3) differences in outcomes that occurred by type of nursing program, and (4) the influence of faculty on students. A total of 42 studies, conducted in generic nursing programs utilizing a comparative, cross-sectional, and/or longitudinal research design, were analyzed.

Findings from the study identify a number of significant gaps and inconsistencies in this body of research that have significant implications for nursing education. An explanatory model of socialization is proposed by this investigator as a basis for future research.

8.2

PROFESSIONAL SOCIALIZATION OF THE REGISTERED NURSE STUDENT IN A BACCALAUREATE PROGRAM

Mary R. Lynn, RN, PhD
Nancy L. McCain, RN, DSN
Barbara J. Boss, RN, PhD

The purpose of this longitudinal study was to examine professional socialization of registered nurse (RN) students enrolled in a baccalaureate nursing program. The overall research question was if the RN students were socialized in a manner similar to that of the generic students. Mead's Symbolic Interaction Theory provided the theoretical foundation for this study.

The subjects were 39 RN and 303 generic students, 98 percent of those enrolled in the program during the four years of data collection. Complete data exists for only 31 of the RN and 192 of the generic students, the final sample used in the analysis.

The instruments used were the Nurses' Professional Orientation Scale (NPOS) and the Six-Dimension Scale of Nursing Performance (Six-D Scale), both having previous internal consistency estimates exceeding .80 and sufficient content validity studies. The instruments were administered at the outset and completion of the program.

Analysis of program completion scores across subject groups was conducted using ANCOVA to adjust for program outset scores. Program outset and completion score comparisions were done using the paired difference t-test. The RN student, although significantly more socialized than the generic student at program outset, demonstrated no change in NPOS scores over the course of the program yet had significant changes on four of the Six-D scales. The generic students had significantly higher program completion NPOS scores and significant changes on all Six-D scales.

Implications of the findings and specific recommendations will be offered.

8.3

STUDENT SOCIALIZATION INTO THE PROFESSIONAL NURSING ROLE: PSYCHOMETRIC ASSESSMENT OF THE PROFESSIONAL NURSING QUESTIONNAIRE

Carolyn J. Yocom, RN, PhD
Ann F. Minnick, RN, PhD
Janet C. Scherubel, RN, PhD, CCRN

Socialization, the process by which individuals prepare for life roles, is important in nursing. The concept of socialization refers to that time individuals spend acquiring the necessary knowledges and skills and undergoing the internalization processes necessary for preparing for a specific role. Within professional nursing, the socialization process focuses on providing the values and behaviors essential for the delivery of quality client care.

The Professional Nursing Questionnaire (PNQ) was designed to measure attitudinal attributes students hold necessary for the practice of professional nursing. The PNQ, orginally developed by Yocom and Burch based on the prior works of Kibrick, Sczekan, and Vaughn, is a 63-item, six-part instrument that addresses (1) the role of the professional nurse in nursing care delivery, (2) the rewards of a nursing career, (3) student obligations to clients, (4) client obligations to students, (5) abilities underlying the professional nursing role, and (6) health care providers' degree of responsibility for nursing care delivery. Responses to Parts I through IV are indicated on a Likert scale; Parts V and VI require a rank order response.

The sample consisted of 217 undergraduate students enrolled in two baccalaureate nursing programs who were administered the questionnaire on at least two separate occasions as they progressed through their nursing programs. The psychometric assessment of the PNQ, based on responses indicated on 333 questionnaires, is reported in terms of the internal consistency (Cronbach's coefficient alpha) of each part and an examination of the construct validity using factor analytic techniques.

9.1

LEARNING STYLES OF NURSING STUDENTS AND ATTITUDES TOWARDS THEORY-BASED NURSING

Heather Laschinger, RN, MAEd, PhD

This study is part of a larger research project designed to test aspects of David Kolb's theory of experiential learning in the nursing population. The purpose of this study is to investigate personal and environmental factors which could impact on attitudes towards theory-based nursing from the experiential learning perspective. Kolb has suggested that the structure of knowledge of a discipline is a major force which shapes learning styles of members of the discipline. Nurses and nursing students have been found to have predominantly concrete learning styles, suggesting a practical, people-oriented manner of dealing with the world (Laschinger, 1983, Huch, 1981). Kolb reports that concrete learners find theoretical approaches unhelpful and prefer to treat each situation as a unique case, In addition, nursing learning environments have been found to have a predominantly concrete learning orientation as measured by the Environmental Press Questionnaire (EPQ (Laschinger, 1985).

In the past decade, nurse educators have emphasized the need to base nursing practice on explicit nursing theory (Fawcett, 1984, Meleis, 1985). A theory-based approach will require the further development of abstract competencies in nurses and nursing students. In view of the past research findings in which nursing students were found to be predominantly concrete learners, it would seem important for nurse educators to develop strategies to supplement nursing students' concrete learning competencies with those of an abstract type. Experiential learning theory may provide a means of assessing an individual's level of skill on these competencies and a means of determining the degree of emphasis on different competencies in nursing environments.

One hundred and twenty-one third and fourth year generic baccalaureate nursing students and 76 post-RN students enrolled in a theory-based nursing curriculum were invited to particpate in the study. Subjects completed two measures of personal learning style (the Learning Style Inventory and the Adaptive Competence Profile) as well as the Environmental Press Questionnaire (EPQ) (Kolb, 1981). In addition, subjects completed an instrument constructed by the researcher, the Nursing Theories Questionnaire (NTQ). Reliability studies were performed on all instruments, which revealed alpha reliability coefficients between .59 and .91. Regression and correlational analyses as well as t-tests for differences between means were used in the analysis of data. (Data analysis is in progress).

The results of preliminary data analysis suggest that, as hypothesized, learning style and perceptions of environmental press of nursing learning environments are significantly related to attitudes towards theory-based nursing. Subjects with concrete learning styles and subjects who perceived nursing environments to be predominantly concrete were less positive towards the concept of theory-based nursing than those with abstract learning styles. Contrary to expectation, learning style was not found to be significantly related to preferred method of learning nursing theories nor to nursing theory preferred as a basis for practice.

The results of this study have potential usefulness for nurse educators in developing strategies for teaching theory-based nursing to both incoming members to the profession and to experienced nursing professionals.

9.2

RELIABILITY AND CONSTRUCT VALIDITY OF THE LEARNING STYLE QUESTIONNAIRE

Sharon L. Merritt, RN, EdD

The Learning Style Questionnaire (LSQ) is a new instrument designed to assess individual learning style preferences based on the Kolb model of experiential learning. This study was designed to determine the reliability and construct validity of the LSQ. The instrument contains 40 items in a semantic differential format using a 5-point response mode. University undergraduates, including nursing students (N = 543) participated by completing the LSQ. Alpha coefficients (.78 - .93) and least squares factor analysis suggest that the LSQ is a valid and reliable instrument, particularly when compared to Kolb's original ipsative Learning Style Inventory (LSI). Researchers interested in measuring learning preferences defined by experiential learning have available an alternative instrument that addresses the objections raised by measurement specialists with Kolb's LSI.

9.3

THE RELATIONSHIP BETWEEN PREFERENCE FOR STRUCTURE AND SELF-DIRECTED LEARNING READINESS IN STUDENTS ENROLLED IN TWO PROGRAMS OF NURSING EDUCATION

Marion Good, RN, MSN
Grace H. Chickadonz, RN, PhD
Lawrence Mustafaga, RN, MS

The purpose of this study is to examine the relationships between preference for structure, self-directed learning readiness, and type of student enrolled in the generic and RN/BSN programs of a nursing school which encourages self-direction in learning. Three factors have thus far been shown to impact on gain in self-directed learning readiness in nursing students: a student-directed method of education, the term enrolled, and the interaction between preference for structure and teaching method (Good, Chickadonz, Mustafaga, & Packard, 1986). This longitudinal study will evaluate the effect of a two-year, self-directed educational program on the self-directed learning readiness of students with different preferences for structure. It will also compare generic and RN/BSN student nurses on these variables.

The research questions are:

1. Is there a significant difference in change in self-directed learning readiness between generic and RN/BSN students in a school that encourages self-directed learning?

2. Is there a significant difference in change in self-directed learning readiness between students who prefer low structure and those who prefer high structure in a school that encourages self-directed learning?

Using a two-group pretest-posttest design, data were collected from 68 RN/BSN and 152 generic BSN students at the beginning of their nursing program. Ginther's (1974) Reactions to Statements was used to measure preference for structure, and Guglielmino's (1977) Self-Directed Learning Readiness Scale was used to measure readiness to be a self-directed learner. Students were given the posttest at the end of their program. Repeated Measures Analysis of Variance and Repeated Measures Analysis of covariance will be used to test the research questions.

10.1

ADMINISTRATOR AND FACULTY ACCEPTANCE OF THE COMPUTER AS A TECHNOLOGICAL INNOVATION IN BACCALAUREATE NURSING PROGRAMS IN INDEPENDENT COLLEGES IN THE MIDWEST

Connie White Delaney, RN, PhD

The purpose of this study was to examine administrator and faculty acceptance of the computer as a technological innovation in baccalaureate nursing programs in independent colleges in the Midwest. Based upon Rogers' theory of diffusion and adoption, a non-experimental descriptive research design was used to examine acceptance as it relates to the activities of diffusion and adoption. A random sample of 35 department heads and 70 faculty was selected from 61 National League for Nursing-accredited baccalaureate nursing programs in independent colleges in the Midwest. Data collection methods included telephone interviews and mailed questionnaires designed to measure computer literacy attitudes as well as the level of the computer for instructional administrative applications. With an overall response rate of 89.5 percent, the results indicated the current level of computer literacy and attitudes to be sufficiently positive to promote the diffusion process components of awareness, interest, and evaluation. However, the need to develop strategies to promote trial and adoption of computer technology in the areas of instructional and adminitrative applications was identified. Recommended approaches to meeting this challenge, including use of consortial arrangements, were suggested.

10.2

BACCALAUREATE NURSING STUDENTS' ATTITUDES TOWARD COMPUTER ASSISTED INSTRUCTION AND USEFULNESS OF SELECTED SOFTWARE PROGRAMS

Elsie E. Gulick, PhD, RN
Jean M. Arnold, EdD, RN

Baccalaureate nursing students' attitudes toward computer assisted instruction (CAI), comparison of CAI and non-CAI learning, and student evaluations of selected CAI software were investigated to determine the usefulness of CAI as a teaching-learning strategy. The CAI program was established recently as a result of funding received from the New Jersey State Department of Higher Education for the purpose of enhancing undergraduate curricula through the use of microcomputers.

Study participants represented 135 baccalaureate nursing students (44 sophomores, 83 juniors, and 8 seniors). The CAI software programs generally emphasized tutorial and word processing skills across the grade levels, drill and practice at the sophomore level, and both problem solving and simulations at junior and senior levels.

Attitudes toward CAI were assessed by the Attitude Towards Computer-Assisted Instruction: A semantic Differential Tool (Allen, 1985). Cronbach alpha r = .88. Students evaluated CAI software programs for self-pacing, immediate feedback, learning ease, and enjoyment at semester end.

Results of the study indicated that positive attitudes toward CAI were related to positive software evaluations, decreased viewing time, previous microcomputer experience, and younger students. Correlations ranged between .43 and .97. An 18.8 percent increase in knowledge of maternity nursing content was observed among students who used supplementary CAI-related instruction compared to a group who used only the traditional teaching method, ($t = 2.13$, 30 df, $p = .045$).

Study findings suggest that a number of variables influence student attitudes toward CAI. Selected software programs are beneficial to the teaching learning process.

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10.3

PERFORMANCE AND NORMS OF TIME FOR ADULT LEARNERS INSTRUCTED IN CPR BY AN INTERACTIVE VIDEODISC SYSTEM

Ann L. Lyness, RN, PhD

In two stages, this research sought to determine if an interactive videodisc system of CPR instruction could teach as effectively as traditional instruction and if norms of time to certify by interactive videodisc instruction could be ascertained. Questions included: (1) Do students taught by an interactive videodisc system of CPR instruction perform as effectively as students taught by traditional instruction, and (2) What are the times to certify and recertify when instructed by interactive videodisc?

In stage one, to determine effectiveness, a convenience sample of 99 adult learners, mostly nursing students, were randomly divided into two groups and taught either by live instruction or interactive videodisc. The procedure required that the randomized groups would have no prereading and could learn in two segments. Separate evaluators conducted blind evaluations of first performance. A Z test showed that students taught by interactive videodisc performed CPR skills as effectively as those taught by live instruction. A sign test showed no significant difference in theory scores.

In stage two, the times required to certify or recertify by interactive videodisc instruction were collected for an additional 96 nursing students. This group could self-select the number of time periods to use and the sequences for learning theory and skills. For the timed group, original certifiers averaged 3.85 hours for heartsaver; recertifiers averaged 3.21 hours for heartsaver and 5.49 hours for basic rescuer. Advantages and disadvantages of the self-selection strategy were observed and could be related descriptively to the instructor-selection strategy used in stage one.

POSTER SESSIONS

TABLE 1

11.1

VALIDATING CRITICAL BEHAVIORS IN CLINICAL EVALUATION

Barbara W. Allerton, RN, MSN
Alice Bevans, RN, MEd

This project provides an example of the development of a valid and reliable clinical evaluation tool. A valid evaluation process is necessary to ensure the production of a competent practitioner, the "product" desired by nursing employers. The investigators developed and tested a clinical performance evaluation tool in order to objectify the evaluation process. Many studies have been published on this topic, but few concrete conclusions or clear definitions of critical nursing behaviors have been produced.

Based on tools from a variety of nursing programs, a clinical evaluation tool was developed, delineating 64 identified nursing behaviors. Ten Critical Nursing Behaviors were selected from these 64 behaviors by a survey of nursing faculty and practicing registered nurses. After 100 students were evaluated utilizing the clinical evaluation tool, the frequencies of observed behaviors were tabulated. The data were analyzed to explore the following questions:

1. Were some nursing behaviors not observed at all?
2. Which behaviors were observed consistently by all faculty, for all students?
3. Were identified Critical Behaviors consistently observed for all students?
4. Were there students who were evaluated as performing satisfactorily, in general, who performed Critical Behaviors at an inadequate or unacceptable level?

The results were applied in the development of a more valid, reliable tool for evaluating nursing students' clinical performance. Valid and reliable clinical evaluation is vital to ensure accountability for the product of the nursing education system.

TABLE 2

11.2

NEEDS OF RNs RETURNING FOR A BSN

Nancy Beardslee, RN, EdD

Nurses returning for BSN degrees have different educational needs than generic students. The pressures on RNs to seek higher degrees are increasing the numbers of RNs wishing to return to school. Traditional baccalaureate programs are being forced to review and revise their curriculum. The first course on entering a university particularly needs to meet the educational, social and psychological needs of the female non-traditional student.

A questionnaire was developed in 1985 (Hawkins) for RNs that were interested in pursuing a BSN degree. One hundred RNs within a 70-mile radius of the university completed this survey. Another questionnaire (Hawkins) was developed to survey the former RN graduates of this university program. Results of these two surveys were analyzed and formulated the revisions in the present RN-BSN program. Changes ranged from the institution of evening classes and RN-only classes for certain courses, to the development of a beginning course for RNs returning to school.

Traditionally, RNs must complete all the general education requirements before they can begin nursing courses. In April of 1986 a nursing course was offered as the first course for RNs and 50 RNs enrolled. In addition to nursing process and practice issues, other areas of concern were discussed. Based on the surveys completed, concerns such as library utilization, paper-writing skills, and time management were also discussed. Course requirements were developed to encourage writing and oral presentation skills. Discussions concerning anger regarding the need to pursue a BSN degree were held. An evaluation tool was developed and administered at the end of this course. RNs rated the extent to which certain experiences were valuable in this beginning course.

TABLE 3

11.3

RELATIONSHIP OF SUPPORT COURSES AND NURSING COURSES WITH REGISTERED NURSE LICENSING EXAM

Gail H. Brophy, RN, PhD

This ex post facto correlational study sought to determine the relationship of nursing performance (course grades), end of semester grade point averages, cognate course performance, and results of the NLN Comprehensive examination as predictors for performance on the NCLEX-RN. Other studies have focused on nursing course performance and admission criteria. However, general education requirements constitute approximately 45 percent of the associate of science in nursing degree program; 8 of the 12 courses are prescribed by the nursing program and designated as "cognates." Therefore, it was hypothesized that cognates, which support the nursing curriculum, could be reliable predictors of success on the licensing examination. Using the academic records of 47 recent associate degree graduates, 18 variables--eight cognate grades, seven nursing course grades, two grade point averages, and score on the NLN Comprehensive--were correlated with each student's NCLEX-RN score. Six of seven nursing courses, six of eight cognates, and the comprehensive exam showed significant positive correlations ($p < .05$) with NCLEX-RN. The highest ranking correlations were: Nursing of the Childrearing Family ($r = .671$), NLN Comprehensive ($r = .670$), Nursing of the Adult with Common Health Problems ($r = .639$), and Microbiology ($r = .592$). Plans include analyzing the same variables from past and future graduates as well as from non-persisters. Using stepwise multiple regression on a larger pool of student data, one could derive a set of predictors which would enhance student advisement, provide ongoing evaluation of the curriculum, and increase student retention.

TABLE 4

11.4

COMMUNITY HEALTH NURSING CURRICULUM COMPONENTS IN BACCALAUREATE NURSING EDUCATION

Grace Manion Catell, RN, PhD

This study investigated community health nursing curriculum components in a sample of baccalaureate nursing programs. This study was carried out in response to concerns expressed in the literature regarding the quality and components for the educational preparation of baccalaureate nursing graduates for community health nursing.

The conceptual framework was taken from change and systems theories. The methodology was descriptive. Data were collected by means of a questionnaire from a quota sample of 12 National League for Nursing-accredited generic baccalaureate nursing programs representative of the four NLN regions of the United States.

Data were coded, tabulated and percentages calculated for each region as well as for the total sample in order to allow for description of the program. Chi-square analysis was carried out on selected instructor and program variables with .05 as the established level of significance.

Community health nursing content in theory classes reflected changing societal needs and changes in the health care system. There were three (3) curriculum patterns for provision of these theory classes and for community health nursing clinical experiences. However, in all programs community health nursing agencies were utilized for clinical laboratory experiences and caseload. Also, families were the main focus of client care and both family residences and schools were used as clinical settings. Additional types of clinical experiences were provied in a variety of community settings. There was not statistical significance between instructor and program variables.

The study points out the need for development of a formal mechanism between university and community health agencies for ongoing assessment of the preparation needed for community health nursing. In addition, evaluation of adequacy of the preparation could be used to enhance the community health nursing components of the curriculum.

TABLE 5

11.5

THE POSTER SESSION AS A STUDENT REPORTORIAL TECHNIQUE

May Lou Wranesh Cook, RN, MS

The poster session is gaining visibility and acceptance as a method for reporting nursing activities. Graduates of baccalaureate nursing programs must be prepared to effectively describe clinical practice and project findings to colleagues and to health care consumers.

This research project was conducted to examine the results of a poster session carried out by senior level nursing students in an upper division program. Many nursing curricula include requirements for papers, and individual and group oral presentations. The poster session was required as a class assignment to provide an alternative to the usual methods of presentation and to provide the students with experience in poster sessions.

Members of a Community Health Nursing class were responsible for group projects on the theme, "High Risk Groups in the Community," presenting the findings in a poster display, and discussing the results knowledgeably with viewers.

Pre-test and post-test questionnaires were used to ascertain the students' levels of preparation for the poster session, the importance of sharing nursing knowledge, and their perceptions of this experience as a learning activity. A total of 33 students were queried. Forty-five students who had participated in a poster session in the previous semester were asked to complete a different questionnaire.

The majority of students rated this experience as helpful to learning. Students generally felt well prepared for the presentation and expressed a belief in the value of dissemination of nursing knowledge. Only one student reported previous experience with poster displays. The anticipated long-term outcome is that these students will be able to effectively present topics using the poster session format.

TABLE 6

11.6

LINES OF REASONING USED BY EXPERT NURSES: A PILOT STUDY

Sheila Corcoran, PhD, RN
Suzanne Narayan, RN, MS

Nursing educators are increasingly frustrated in teaching clinical decision making because little is known about nurses' decision-making processes, especially those of successful clinicians. Prior research focused on specific, low-level cognitive processes, used novices as subjects, and assumed that a single decision-making process applies to all clinical tasks. This assumption has been challenged in studies of situations with varying task demands. This pilot study extends previous research by investigating expert nurses' use of higher level cognitive processes in tasks of varying complexity. The study will be helpful to educators in suggesting the relationship between cognitive processes and task characteristics.

Using information-processing theory, this study examined four expert nurses' clinical reasoning during three telephone triage tasks of varying complexity. A new unit of analysis was tested, namely, the line of reasoning, which represents a patterned sequence of reasoning steps leading to a conclusion. Lines of reasoning are more abstract than previous units of analysis; they are task specific and tap subjects' knowledge organization.

Verbal protocol analysis methodology was used. Subjects were asked to think aloud while (a) collecting data from elderly clients in simulated telephone triage situations, and (b) making disposition decisions about appropriate time, place, and health care provider. Data analysis consisted of extracting lines of reasoning used by nurses in each case and comparing similarities and differences within and across cases.

The presentation of this study will include an operational definition of lines of reasoning, descriptions of methods used, findings, and recommendations for further study.

TABLE 7

11.7

POST-BACCALAUREATE EDUCATION IN NURSING

Geraldine E. Edens RN, PhD
Georgie C. Labadie RN, EdD

The purposes of this study were (1) to determine the extent to which college graduates were entering nursing nationally and what schools of nursing were doing or considering doing (if anything) to meet the learning needs of these students, and (2) to elicit the opinions of the deans and directors of baccalaureate and higher degree programs regarding post-baccalaureate education and specifically the doctor of nursing (ND) as a degree option.

A response rate of 68 percent was received from the deans and directors of NLN-accredited baccalaureate and higher degree programs, with representation from 51 states and districts. Results indicate that less than 8 percent of admissions to baccalaureate nursing programs are college graduates. Post-baccalaureate programs offering higher degrees, however, do attract adequate numbers of students to their programs. A number of schools have considered offering a post-baccalaureate program. The types of programs and rationale for them are discussed.

Strong support (71.5 percent) for post-baccalaureate education was expressed by the respondents. Considerable support was also evident for the doctor of nursing concept but at the same time concern was expressed over its impact on the existing doctoral degree structure in nursing. Less than a third of the respondents supported the ND as an entry-level requirement.

The issues relevant to these findings are discussed, including nursing's professional status, adaptation of innovations within the profession, doctoral degree structures, and the economy of higher education.

TABLE 8

11.8

FACULTY RESPONSE TO CLOSURE OF A DIPLOMA SCHOOL: A CASE STUDY

Betsy Frank, RN, PhD

In response to the American Nurses' Association's 1965 position paper and the economic climate, the number of diploma nursing schools has declined. When diploma schools close, faculties are forced to cope with a variety of changes. A review of the literature failed to show how diploma school faculties cope with closure of their schools. Therefore, the purpose of this study was to describe how one diploma school faculty dealt with closure of its school.

In September 1983, the Board of Trustees of a large midwestern hospital announced the closure of its well-regarded diploma school of nursing. In order to deal with the closure, administration and faculty volunteers formed a task force to examine the feelings and to make plans for the closure process. This investigator was invited to document the process faculty experienced. Each time the task force met, the investigator tape recorded the proceedings and supplemented the tapes with field notes. At the beginnning of each meeting, the investigator shared impressions from the previous meeting for the purpose of validating faculty responses. In addition, a questionnaire was sent to all faculty for the purpose of further documenting their responses. The data were analyzed using techniques suggested by Miles and Huberman and others. Analysis shows that faculty exhibited a pattern of behavior similar to the grieving process. And, at the time of closure, most faculty described their experience as positive. Results could be used to counsel other faculties who must also deal with school closure.

(This research was funded in part by a Research Incentive Grant from Wright State University.)

TABLE 9

11.9

SUCCESS IN OLD AND NEW LICENSURE EXAMINATIONS: PRE-ADMISSION FACTORS AND ACADEMIC PERFORMANCE

Marie-Luise Friedemann, RN, PhD
Susan Valentine, RN, MSN

Relationships between student and academic variables and nursing licensure exam scores were examined. Of an integrated baccalaureate program, 164 graduates took the old and 159 the new exam. Among pre-admission variables, the entry GPA, combined with the student's age (ages 31-40 scored highest on all exams), were most useful in predicting success on the licensure exam. Nursing theory courses were better predictors of success than clinical courses. A-students in nursing theory and nursing support courses scored significantly higher than C-students.

Results for the old and the new exams differed in that A-students in nursing theory courses scored relatively higher and C-students relatively lower on the new exam than on the old exam. Also, students who entered the program as LPNs did markedly better on the new licensure exam than other students, while differences were not significant on the old exam.

Results indicate that educators who aim for better student performance on the State Board exam should target in their recruiting strategies older students and those who have excellent academic records. Extensive clinical experience, strictly in nursing, is another decisive factor in predicting final success. Another alternative for educators is to question the validity of the State Board exam in measuring the competence of graduates, since results of this study suggest a heavier focus on the technical skills area in the new exam as compared with the old exam battery. However, stronger evidence through additional studies is needed to draw firm conclusions.

TABLE 10

11.10

RESEARCH ATTITUDES, ACTIVITIES, AND PERCEIVED COMPETENCY AMONG NURSES

Karen B. Haller, RN, PhD
Rosanne C. Perez-Woods, RN, EdD
Margaret M. Gregus, RN
Lisa Hagen, RN

Obstacles to nursing research include lack of academic preparation for nursing research, lack of opportunities to involve oneself in research within employment settings, lack of socialization to research roles, and a poor understanding of nursing's research mission. At Loyola University, there is commitment to redressing the perceived obstacles to nursing research.

Baseline information, on which to develop strategies for fostering a supportive environment for research and improving the competency of nurses to particpate in research activities, has been lacking. Therefore, the School of Nursing and the Department of Nursing began by assessing the nursing personnel resources available within the university. The specific aims of the study were: (a) to describe the research involvement, attitudes, and perceived competency of nurses; (b) to examine relationships among selected nurse characteristics, research involvement, attitudes, and perceived competency; and (c) to describe the research climate within the university as perceived by nurses.

A self-administered questionnaire (NAACOG, 1985) was given to all RNs employed in the School of Nursing and at the Medical Center. The questionnaire measured attitudes about research, involved in research-related activities, and perceived competency in research. Another tool (McElmurry and Egan, 1981) was used to assess the nursing research climate within the organization.

Data collection was completed on May 30, 1986, and analysis was begun. The response rate was 46 percent (N = 473). Data will be described, using standard measures of central tendency and variability. Reliability and discriminant validity of the scales will be evaluated using alpha coefficients and the method proposed by McKennell (1977). Results for faculty will be presented separately from clinicians and administrators.

Data-based strategies to advance nursing research in the university will be discussed.

TABLE 11

11.11

A DECISION-MAKING MODEL FOR PROGRAM EVALUATION

Helen A. Hanson, RN, PhD
Linda Chapman, RN, MS

This program evaluation model provides a framework for a systematic, scheduled assessment of elements comprising major components of an educational program. It is directed toward information-based decision making regarding the effectiveness of both the process and outcomes of each program component, according to predefined assessment criteria. The model is operationalized in a Program Evaluation Plan in which the evaluation of each program element is guided by an evaluation question derived from the element's purpose and, as appropriate, addresses its congruence with and relationship to other program elements. The plan then identifies the assessment criteria, the sources of data and methods of collection, the individual(s) responsible for the collection and compilation of data, the time schedule, and the individual(s) responsible for the evaluative judgment.

The plan provides for the evaluation of the many elements of five major program components: Curriculum, Students, Faculty, Resources, and Administration. The Curriculum component incorporates each of the following elements, or variables: the program's philosophy, purposes, organizing framework, program and level objectives, individual courses, overall learning experiences, and other curricular variables. Student variables focus on the entering and graduating student, while Faculty variables relate to qualifications and performance. A variety of learning resources and support services are designated under Resources, and include the libraries and other institutional and program learning resources, clinical agencies, and student and faculty support services. The Administration component incorporates administrataive structure and operations, administrators, and policies governing the program.

This decision-based model for program evaluation conceptualizes evaluation as an ongoing cycle that provides the framework for program improvement decisions that are based on qualitative and quantitative, criteria-based findings obtained from all involved constituencies.

TABLE 12

11.12

CLINICAL DECISION MAKING AND ITS RELATIONSHIP TO LEARNING STYLE AND PERSONALITY TYPE

Ellen A. McFadden, RN, MS

The purpose of this study was to investigate nursing students' own perceptions about their clinical decision making and its relationship to learning style, personality type, and selected demographic characteristics (age, sex, education, career choice and nursing work experience). This ex post facto design used a convenience sample of 146 senior baccalaureate nursing students at one large, publicly supported university.

Subjects completed a demographic questionnaire, the Clinical Decision Making in Nursing Scale (CDMNS), (Jenkins, 1985), the revised Kolb Learning Style Inventory (LSI), (1985), and the Myers Briggs Type Indicator (MBTI).

Results using Pearson-product-moment correlation showed no significance between the LSI scores and total CDMNS scores. There was no significance between the selected demographic characteristics and the total CDMNS score.

Reliability for the CDMNS total score for this sample was addressed using Chronbach's procedure, producing an alpha of .80. Pearson-product-moment correlation showed an inverse relationship between the MBTI/Extrovert continuous score and total CDMNS score and a positive relationship betwen the MBTI/Intuitive continuous score and total CDMNS total score ($p < .05$).

TABLE 13

11.13

A SOCIAL INTERACTION MODEL FOR SCHOOL TO WORK TRANSITION

Mary Ellen Hazzard, RN, MEd, MS
Anne Woodtli, RN, PhD
Sue Rusch, RN, MS

Nurses in both education and service settings are concerned about limited financial resources and preparation of student nurses for hospital practice. Various strategies designed to relate nursing education and nursing practice have been developed to assist the initial entry of new nurses into hospital practice. The overall effectiveness of the programs designed to meet the needs of service, education, and the new nurse graduates, however, remains unclear. The purposes of this paper are to describe a clinical student nursing internship program and its conceptual model.

The student internship program was planned jointly by nursing faculty and representatives from nursing service. To facilitate student role transition from school to work, the clinical internship was designed as a work-study program combining student and employee roles. A Social Interaction Model for School to Work Transition was developed. This systems model was based on concepts from role theory in which the clinical nursing internship became the social unit. While engaged in the role relationships it is anticipated that the student will learn the necessary knowledge and skills as well as develop attitudes and behaviors which will facilitate transition to the staff nurse role upon graduation.

The goal of the student nursing internship was to enhance collaboration between education and service to facilitate smooth transition of new baccalaureate nurse graduates from school to work.

TABLE 14

11.14

CLINICAL DECISION MAKING PERCEPTIONS AMONG BACCALAUREATE NURSING STUDENTS

Helen M. Jenkins, RN, PhD

This study was designed to measure students' perceptions of clinical decision making in one baccalaureate nursing program and sought to determine whether differences existed in decision making among groups across academic levels.

The Clinical Decision Making in Nursing Scale (CDMNS) developed for the study contains 40 items about decision process and generates one total and four subscale scores. A panel of nurse experts established content validity. Chronbach's reliability procedures produced an alpha of 0.83. A stratified sample of 41 seniors, 43 juniors, and 27 sophomores (N = 111) was used.

Hypotheses were that differences existed in scores between levels as students progressed through the program. Analysis of variance with Scheffe's multiple comparision procedures tested group differences at a probability level of .05. No statistically significant differences were found for total and three subscale scores, but there was a significant difference for the Search for Alternatives or Options subscale ($F = 5.45$), $df = 2/108$, $p < .01$). Neither age nor full-time work experience had any effect on scores. Factor analysis produced 14 factors, of which three accounted for 72.3 percent of variance.

Results showed that students perceived themselves similarly as clinical decision makers at each academic level. Findings were consistent with other decision-making research about students.

Further studies are recommended to replicate the CDMNS with other groups, test the CDMNS with other measures, and assess the nature and general characteristics of clinical decision making. The CDMNS has potential usefulness as a teaching tool and as a source of data for the evaluation of decision making.

TABLE 15

11.15

MAPPING THE CONCEPT OF CARING WITHIN FAMILY SYSTEMS

Betty Rose Johnson, RN, MSN

Family paper sculpture, adapted from family therapy, will be presented as a method to incorporate students of a baccalaureate program in nursing into the exploration of the concept of "caring" within family systems.

The purpose of the project, as it was used in one course which dealt with family health care, is to present the family sculpture technique in order to show how nursing students can become not only better informed and more anlytical on a cognitive level about human caring within families, but also more skilled in applying knowledge about caring toward the understanding and improvement of their clients' family relationships as well as their own family relationships.

In the utilization of this technique, the student is asked to create a picture or "relational map" of the view of his or her own family system or system components. For this project, there were 25 students who participated. They were given written directions, and they were asked to cut out shapes from pieces of colored paper and try out different spatial arrangements to find the one that best represented their view of caring in their own family.

The students' paper sculptures showed aspects of both family structure and family caring process. Although the results are particularistic, standardization of the format could be done for quantitative analyses of the sculptures. The technique provides an opportunity to combine the aesthetic with the pragmatic as we seek to contribute new knowlege to the area of human care.

TABLE 16

11.16

PREDICTING THE SUCCESS OF BACCALAUREATE NURSING STUDENTS ON THE NATIONAL COUNCIL LICENSURE EXAMINATION FOR REGISTERED NURSES

Karen C. Krupa, RN, MS, MPH
Miriam Munden Quick, RN, MPH
Theodore W. Whitley, PhD

This study examined predictors of success on the National Council Licensure Examination for Registered Nurses (NCLEX-RN) for graduates in a baccalaureate nursing program. Data were retrieved from the cumulative record of 382 graduates from the classes of 1982-1985 who subsequently took the NCLEX-RN. Demographic characteristics including age, sex, race and length of matriculation; selected cognitive test scores (Scholastic Aptitude Test and National League for Nursing Comprehensive Achievement Test for Baccalaureate Nursing Students); grade point averages at the end of the first, second, fourth, sixth, and eighth semesters; selected cognate and nursing course grades; and composite grade averages in selected groups of courses were the variables included for study.

Pearson product-moment correlation coefficients were computed. Examination of these coefficients revealed some interesting relationships. The strongest relationships were between the NCLEX-RN and the NLN Comprehensive Achievement Test for Baccalaureate Nursing Students, grade point averages at the end of the sixth and eighth semesters, and the first nursing theory course with a clinical component. Somewhat less substantial relationships were detected between the NCLEX-RN and grade point averages at the end of the second and fourth semesters; SAT-verbal score; grades earned in nursing courses in beginning and advanced medical-surgical nursing, parent-child nursing, family and community health nursing, community mental health nursing, and nursing research; and grades earned in microbiology and the first anatomy and physiology course. Finally, weak but still significant relationships were observed betwen NCLEX-RN performance and the grade point average at the end of the first semester, SAT-math score, grades earned in nursing leadership and nursing clinical courses, and grades earned in math, chemistry, and the second anatomy and physiology course. In addition, when correlations were performed between the nursing composite grade averages and the NCLEX-RN, the grade averages for the theory courses had stronger relationships than the clinical course grade averages.

Students who successfully complete a baccalaureate nursing program and subsequently fail the licensing examination cause considerable concern for both faculty and administrators. Due to the increasing cost of nursing education to both the student and the school, identification of students at risk of failure on the NCLEX-RN confirms the need for this type of research.

TABLE 17

11.17

A COMPARATIVE STUDY OF GOAL PERCEPTIONS OF ADMINISTRATORS, FACULTY, AND STUDENTS OF SELECTED BACCALAUREATE NURSING PROGRAMS

Linda G. Linc, RN, PhD

The awareness of institutional goals was identifed as a major area of concern by members of business and industry some time ago but has only recently been addressed by those involved in higher education. Although the early literature addressed the importance of goals, it was not until 1964 that the investigations into goal formulation and achievement in higher education were begun.

Nursing educators have also been hesitant to investigate goal achievement. If nursing is to advance as an academic discipline, educators must become more accountable for establishing relevant goals for nursing education. In addition, consensus of goals must be achieved among administrators, faculty, and students if any given nursing program is to succeed in its educational endeavors. The nursing profession also must come to consensus on broad goals of nursing education.

The purpose of the study was to compare and also contrast goal perceptions at two baccalaureate nursing programs. A second purpose was to compare goal perceptions between a baccalaureate nursing program at a large public university with those identified at a nursing program in a small, private college.

The Institutional Goals Inventory, developed by Peterson and Uhl was the basis for the data collection. The instrument asks participants to rate goal statements on an "Is" and a "Should Be" scale. Statements are grouped into 20 goal areas.

The results suggested that there are significant differences on goal perceptions between selected baccalaureate nursing programs. While goals consensus between faculty and students within each school was found to exist, there were differences between the two schools.

TABLE 18

11.18

TIME PERSPECTIVE OF NURSING STUDENTS AND ITS RELATIONSHIP TO NURSING CARE PLANNING

Frances Ouellette, RN, MS
Jean Haspeslagh, RN, MSEd, MS

The relationship among time perspective, mood, age, and academic grade point average (GPA) to goal-writing abilities were investigated in a sample of senior baccalaureate nursing students (N = 123) from three university programs. Time perspective--past, present, and future--was measured by an Experiential Inventory, a Circles/Line Test, and two Opinion Surveys. A total goal-writing proficiency score was obtained, comprising measures of relevancy, specificity, and usefulness of the goals, based upon a Proficiency in Goal Writing Evaluation Form.

There were no significant differences found in total goal-writing proficiency scores and the time perspectives or GPAs held by the group. Subjects reporting a positive mood--happy, healthy, optimistic, or excited--scored higher in total goal-writing proficiency than did those who were sad, pessimistic, sick, or bored ($p = .03$). Younger students, under 25, were found more proficient in writing goals than older students ($p = .001$). More relevant goals were written by those with higher grade point averages ($p = .009$) and more useful goals by students who held a future time perspective ($p = .02$). Twelve subjects who perceived their past, present, and future as interrelated scored higher in the ability to write useful goals that the remainder who conceptualized their time zones in an automistic pattern ($p = .02$.

The study aids in identifying certain influences affecting nurses' ability to plan their nursing care and the skills essential in the goal-writing process.

TABLE 19

11.19

GRADUATE PROGRAMS IN NURSING: NAMES OF MAJORS

Rosanne C. Perez-Woods RN, EdD, CPNA
Katherine Wiley, RN, EdD

The purpose of this study was to answer the question, what are the names used for master's and doctoral programs in NLN-accredited school of nursing? A self-report questionnaire was sent to 121 deans of schools of nursing; and 102 deans (85 percent) responded.

Eight categories of names of majors in master's degree programs were identified. Categories identified included: Maternal-Child Health, Medical-Surgical, Community Health/Public Health, Administration/Management, Family, Psychiatric, Education, and Clinical Specialization. Within the eight categories, approximately 50 different titles were used to designate the specific major.

The data indicated that four types of degrees were awarded at the doctoral level: PhD, DNS/DNSc, DSN, and DN. More than 14 titles were used to identify majors at the doctoral level. Demographic factors and organizational characteristics associated with the choice of graduate program major names were also identified.

TABLE 20

11.20

RESEARCH ASSISTANTSHIPS IN NURSING

Bonnie R. Reinert, RN, MSN
Gaye W. Poteet, RN, EdD

Today, with increasing numbers of doctoral programs in nursing in the United States, there is both the necessity and the opportunity for a greater number of funded research assistant positions. This trend, in addition to academic pressures to increase faculty productivity without decreasing classroom responsibilities, has nursing schools taking a new look at graduate students in research roles. To date, however, little information has been collected or published on this subject. The purpose of this study was to develop a profile of nursing research assistants, outline a job description and evaluation form for the position, and to determine if a relationship exists between research assistants and faculty productivity.

A questionnaire, developed by the researchers, was mailed to the deans of all NLN 1984-85 accredited graduated programs. It consisted of both forced-choice and open-ended items requesting information on the school itself and the structure of any research positions that existed. Over 80 percent of the questionnaires have been returned. Descriptive statistics will be used to determine how research assistants are currently utilized and if a relationship exists between the presence of research assistants and faculty productivity. Findings will then be used to develop a job description and evaluation tool.

Preliminary data suggest that many questions exist as to how to best manage research assistant programs, and similar problems appear to exist in many schools. While final analysis of data is ongoing at this time, it will be ready in time for the research conference.

TABLE 21

11.21

COMPARISON OF PROFESSIONAL PROFILES OF ILLINOIS NURSING EDUCATORS AND OTHER HIGHER DEGREE PREPARED NURSES: IMPLICATIONS FOR PUBLIC POLICY AND NURSING EDUCATION

Ann Minnick, RN, PhD
Wendy B. Young, RN, PhD
Paul A. Reichelt, PhD

This study compared the professional profiles of nurse educators with other nurses of similar educational attainment and experience to determine if differences exist which might influence faculty recruitment and retention. Professional profile was defined as (1) roles and activities (2) development activities, and (3) income, controlling for demographic factors. Identifying academic career disincentives now could result in more effective nursing education policy decisions to meet the projected faculty shortage in 2000.

The population was the approximately 4200 master's or higher degree prepared nurses who completed the 1986 Illinois survey of registered nurses. Approximately 47 percent of these respondents were employed as faculty. The data were collected via a mailed survey of 110,309 nurses during licensure renewal (March-June, 1986). As of mid-August, 1986, the return rate was .67. The questionnaire was composed of 50 items designed to elicit professional profile information for planning nursing resources. Items were based on prior surveys including modifications of the 1977 and/or 1980 National Sample Survey of Registered Nurses. Reliability estimates and content validity assessments were made in a pilot test period.

Descriptive statistics and chi-square procedures were used to identify differences between faculty and non-faculty groups. Analyses included comparisons by age, dependents, total family income and location. The differences between urban faculty-nonfaculty comparisons and those made in rural areas will be presented in terms of alternative public policy strategies. The large number of subjects and the geographic mixture of economy and population density across Illinois enable generalization of findings to similar settings.

TABLE 22

11.22

A NATIONAL MODEL FOR CONTINUING EDUCATION

Jane C. Swart, RN, PhD
Ann Smith, RN, MS
Marilyn Krajicek, RN, EdD

Continuing education is an integral component of the continuum of professional education. The time is long past when students can complete a basic degree program and consider themselves educated for life. The rapidly changing world in which we live demands that nursing education be viewed as a lifelong learning process. Formal degree programs provide critical knowledge, skills, and socialization for entry level and advanced practice roles in nursing. Continuing education programs offer an important vehicle for maintaining currency and competency in nursing practice, for experimenting with new ideas, knowledge and practice models, and for adding to or changing clinical or functional specialty areas.

In addition to providing high-quality nursing education, continuing education programs often are required to be totally self-supporting. The University of Colorado School of Nursing has developed a cost-effective national model for continuing education programs that includes the use of national advisory committees; an instructional design combining teacher and self-directed learning strategies; the translation of curriculum into teaching guides, audio-visual packages, and self-directed study modules; a dual dissemination model based on concepts of extended study and licensure, using both "train-the-trainer" and direct course delivery formats; credit and non-credit mechanisms to accommodate diverse student needs; and a systems model for program evaluation.

Information will be shared about the operationalization of this model in three separate, externally funded projects related to genetics education for health professionals, and to educating nurses and others to work with developmentally disabled infants in day care and children in school systems. This continuing education model is transferable, flexible, and offeres the potential to become self-supporting in an era of diminishing educational resources.

TABLE 23

11.23

CHARACTERISTICS OF CLINICAL NURSE EDUCATORS

Elvira Szigeti, RN, PhD

In light of decreasing generic nursing student enrollments and increasing costs for educating nursing students in an era of dwindling monies for nursing faculty salaries, ways must be developed to identify competent clinical nurse educators. The purpose of this descriptive study was to identify characteristics perceived as important for clinical nurse educators. A questionnaire was sent to a random sample of 1200 nurses who were invited to participate in the study--300 clinical nurse educators from NLN-accredited, state-supported, baccalaureate nursing programs; 600 senior level nursing students from NLN-accredited, state-supported nursing programs; and 300 nurses who work with nursing students and clinical nursing faculty in a clinical agency. A 50 percent return rate was obtained. The questionnaire, developed by Katz, included items drawn from studies of classroom education and classroom and clinical medical education and from a panel of experts in anesthesia education. Preliminary analysis showed a 0.90 reliability using Chronbach's alpha. Data was analyzed through descriptive statistics. Factor analysis was used to determine the underlying characteristics measured by responses to each of the items in the questionnaire. These were then abstracted in an orthogonal fashion by Varimax criterion.

TABLE 24

11.24

A BAYESIAN APPROACH TO PREDICTING ACADEMIC PERFORMANCE

Mary L. Wolfe, PhD

PURPOSE

This study, using discriminant analysis, compared the effects of three methods of specifying prior probabilities of group membership on the identification of students at risk of academic failure.

RATIONALE/FRAMEWORK

In using discriminant analysis to classify individuals on the basis of a set of discriminating variables, the prior probability of group membership is a factor in their eventual group placement. When the cost of misclassification into a certain group is high, a Bayesian adjustment of prior probabilities may be advisable. For instance, misclassifying students at risk of failure may be considered several times costlier than misclassifying students not at risk.

METHOD

One hundred forty-nine students in a baccalaureate nursing research course were given 12 weekly quizzes. Quiz scores, subtotaled at four-week intervals, were used to determine the extent to which final examination scores could be classified as good (A or B), fair (C), or poor (D or F).

RESULTS

Stepwise discriminant analysis showed that when the cost of misclassifying poor performers was used to adjust the prior probabilities, 82.1 percent of students in this group were correctly classified. When the prior probabilities were assumed equal, or proportional to group sizes, these percentages were 64.1 and 38.5, respectively. Both statistical and philsophical issues are involved; the potential psychological harm to a good student mistakenly warned of impending failure must be weighed against the possibly greater damage to a student at risk of failure who is not identifed early enough for effective intervention.

TABLE 25

11.25

PSYCHOMOTOR SKILL ACQUISITION IN NURSING: INTRAMUSCULAR INJECTIONS

Rene A. Day, RN, PhD

Since few studies describing the acquisition of psychomotor skills in nursing were found, this study was designed to examine the learning of one skill, intramuscular injections. Forty-eight second-year baccalaureate nursing students voluntarily participated in the study.

Qualitative and quantitative methods of data collection and analysis were used. Data were collected in several ways: participant observation; three semistructured interviews during the study; anxiety (STAI and Form B); manipulative dexterity (GATB); self-esteem (SEI); self-efficacy (Form A); knowledge (multiple-choice test); performance scores for preparing and administering three intramuscular injectins to patients (IIOS); age; and academic achievement (grades). The qualitative data were examined and categorized. In analyzing the data, descriptive statistics, correlations, analysis of variance, and frequency and percentage distributions were employed.

Initially, students were anxious about the injections and were afraid of hurting the patients. With each successive injection the level of anxiety decreased, self-efficacy and performance scores increased, and the focus shifted from the procedure and the student to being on the patient. Performance was not significantly affected by age, dexterity, self-esteem, self-efficacy, knowledge, or academic achievement.

Students requested more opportunities to practice landmarking and to give more injections to each other. Suggestions to improve the teaching of injections, and strategies to lower anxiety and raise self-esteem were described. Nursing instructors need to be sensitive to the many concerns and feelings that students have about injections. The combined use of qualitative and quantitative methods contributed greatly to the richness of the data about the experience of learning to give injections.

(This research was funded by the Alberta Foundation for Nursing Research.)

TABLE 26

11.20

THE USE OF THE LONG TERM CARE FACILITY IN CLINICAL INSTRUCTION OF NURSING STUDENTS

Noreen Frisch, RN, PhD

On a trial basis during one academic semester, a group of practical nursing students was placed at a skilled nursing facility for advanced clinical instruction that has previously been given only in a community hospital. Throughout the course, the instructor and students came to view the placement in a positive light--as a place where students could gain experience in a wide range of technical nursing practice in an unhurried, supportive, and professional environment. The instructor felt that the students had learned clinical skills to a degree comparable to that achieved in the hospital. At the end of the semester, the instructor assessed the students' subjective level of confidence in performing a variety of clinical tasks by matching the long term care facility group with a group who had concurrently received the same instruction in an acute hospital setting. Analysis indicated that students in each group reported comparable levels of clinical confidence. Additionally, students who were placed in the long term care facility gained considerably more experience in certain advanced clinical tasks, such as foley catheter insertion, administration of tube feedings, administration of subcutaneous injections, than did their hospital counterparts. It is our impression that nursing educators regard long term care facility placements as appropriate primarily for beginning students. In contrast, our experience indicates that the long term care facility may be an underutilized, valuable resource to even relatively advanced nursing students.

TABLE 27

11.27

USE OF A THEORY-BASED INSTRUCTIONAL STRATEGY TO TEACH CONCEPTS FOR PLANNING NURSING CARE

Kathleen K. Hunter, RN, MS
Marsha L. Lewis, RN, MS

This study compares the use of a theory-based autotutorial instructional strategy for teaching the fundamental nursing concepts of goals, nursing interventions, and outcome criteria with a traditional mode of instruction. The study builds on the work of Tennyson and Cocchiarella (1986) and Merrill and Tennyson (1977) whose research has focused on a two-phase process of concept learning and on the presentation forms in concept lessons most likely to produce conceptual knowledge and procedural knowledge.

The dilemma of how to best present these fundamental concepts to beginning nursing students in an introduction to nursing course provides an opportunity for testing this theory of concept learning. Concept lessons are contained in a self-instruction packet designed by the investigators. Packets include definitions of the concepts, best examples, expository examples, and interrogatory examples. The student is said to have learned the concept when she/he is able to classify individual instances of the concepts in the same way that the instructor classifies them. Nursing students need a clear understanding of these concepts in order to learn the nursing process and in order to use the concepts with clients. In times of economic constraint and increasing complexity of nursing practice, investigation of alternatives to traditional lecture methods for teaching concepts is necessary. Furthermore, students and professionals alike need to speak a common language.

The study, which is in process, compares two teaching methods: use of concept lessons to teach an experimental group the three concepts, and use of a traditional methodology of teaching a control group through lecture and readings.

TABLE 28

11.28

ANALYSIS OF TRENDS IN NURSING EDUCATION

Ann M. Gothler, RN, PhD

Information about the trends in nursing education provides a background for the understanding of the changes of today and can be used as a data course for reference by researchers and decision makers in nursing education. The purpose of this study is to provide a descriptive analysis of the development of nursing education in the United States as viewed by the NLN data over the last 25 years.

An annual survey is sent by NLN to each nursing education program to obtain information on student enrollments and a biennial survey is sent for faculty information. These questionnaires have had a typical return rate of 80 to 100 percent. The source of this data is the NLN data books and the current survey information.

This retrospective data analysis is summarized in graphic format to show the trends in the last 25 years in the areas of admissions, enrollment, graduations, and number of full-time and part-time faculty by type of nursing education program. A comparison of the current differences between types of programs and NLN regions shows differences by regions.

The results show that nursing education showed considerable increases during the 1970s with a peak in 1978. Since that time there has been a leveling off, with very gradual increases until 1983, when there was an all-time high number of graduates. This number is showing signs of decrease during the mid 1980s. The faculty of nursing education programs tend to have a much higher proportion of graduate degrees in recent years. There is also a decreasing number of full-time faculty and an increasing number of part-time faculty.

This analysis of the aggregate data provides a sociological view of nursing education in the United States. The understanding of the trends and regional differences should facilitate planning research and interpreting the results of nursing education research.

12.1

FROM LAYPERSON TO NOVICE NURSE: PROFESSIONAL SOCIALIZATION IN NURSING

Michelle M. Byrne, RN, MS

As students progress through school, their knowledge, skills, values, and beliefs are refined, elaborated, or disconfirmed as they transact with patients. The purpose of this study was to understand the lived experiences of baccalaureate student nurses--from layperson to novice nurse--as embodied in their paradigm cases. Paradigm cases of five senior and five sophomore baccalaureate students were transcribed and analyzed for their common meanings and themes. Heideggerian hermeneutics was used to analyze the paradigm cases, treating the test as analog. To provide for bias control, the paradigm cases were analyzed by a research team with multiple stages of interpretation. This phenomenological approach was utilized in order to preserve the meaning of specific patient care experiences. The intent of this study was not to reveal private subjective meanings or to make generalizations, but to discover commonalities in the actual meanings and practices of student nurses.

The results of this study uncovered the common practices, skills and meaning of baccalaureate nursing students as they care for patients. Clinical learning experiences were socializing experiences; helping students to understand the lived experiences of patients and nurses within the context of the nursing culture.

The implications are significant for both the curricular and instructional strategies utilized in clinical learning experiences. An understanding of the lived experiences of student nurses as embodied in their paradigm case will help nurse educators restructure clinical learning experiences for students to enhance their learning in the context of patient care experiences.

12.2

FROM LAYPERSON TO NOVICE NURSE: EXPLORING THE CLINICAL NURSING KNOWLEDGE AND JUDGMENT-MAKING SKILLS OF STUDENT NURSES

Deborah Johnson, MS, CCRN

The purpose of this interpretive study was to discover and understand the nursing knowledge embedded in student nurse paradigm cases and to describe the influence of this knowledge on clinical judgment formation.

Five sophomore level student nurses and five senior level student nurses from a midwestern baccalaureate school of nursing volunteered for the study. A focused, unstructured interview was used to collect three paradigm cases from each participant. The interpretive strategy, Heideggerian hermeneutics, was used to analyze the transcribed interviews for common meanings and themes. A concurrent analysis of the paradigm cases was done to explore the development of student nurse clinical decision making or judgment formation.

The results of the hermeneutical analysis revealed that students were able to relate paradigm cases, suggesting an evolutionary process of clinical nursing knowledge acquisition and usage. The data reflected three relational themes of student nurse clinical practice: (a) issues of death and dying, (b) experiencing the nursing culture, and (c) experiencing the patient culture of health and illness. The clinical nursing knowledge embedded in the students' paradigm cases was found to support six of the seven Benner domains of nursing practice. Personal life experiences were the students' initial foreknowledge for patient care clinical decision making. As students understood the nursing culture, personal life experiences, coupled with nursing attributes, aspects and a varied sense of salience influenced their clinical judgment formation.

The relevance of this research has implications for both curriculum development and the development of strategies for expanding and teaching clinical skills.

12.3

CARING EXPERIENCES OF STUDENTS/FACULTY DYADS

Gloria M. Clayton, RN, EdD
Joyce P. Murray, RN, MSN

The purpose of this study was to investigate the phenomena of caring between baccalaureate nursing students and faculty. If the nature of nursing is human-to-human caring, then as a practice discipline, faculty must model caring behaviors through relationships with students. Watson's philosophy and definition of caring as an essential human need was utilized as the guiding framework. Two methods were used. Using grounded theory two interviews each were conducted with 20 students from two nursing programs. Drawing from data obtained in these 40 interviews, four student-reported experiences were selected for additional exploration. Using a phenomenological interview approach these four occasions were probed with the student and faculty member; thus, four faculty/student dyads described transpersonal occasions of caring.

Recurring theses from 40 interviews provide support for Watson's carative factors and for her theory of caring transactions. The four exemplar cases of transpersonal occasions among faculty/student dyads substantiate the fit between Watson's philosophy/theory and empirical data.

13.1

DETERMINING THE FACTORS WHICH INFLUENCE STUDENT SELECTION OF A SCHOOL OF NURSING--THE APPLICANT SURVEY

Susan Bond Chambers, MBA

Realization of a declining pool of applicants to nursing educational programs has precipitated increased competition for nursing students and increased necessity for marketing practices in nursing education. The most essential step in application of the marketing process in nusing education is the conduct of a comprehensive marketing analysis. Furthermore, in conducting an analysis of organizational strengths and weaknesses, an important information need is the identification of factors which attract nursing students to the school. The Applicant Survey addresses this information need specifically and other information needs tangentially. For example, other marketing information needs addressed include: What are the needs (i.e., educational, personal, environmental) of the nursing student? What factors influence nursing students most often in selecting a School of Nursing? What are the needs of special student groups? What do students feel are the strengths of the school? What do students feel are the weaknesses of the school?

The Applicant Survey was designed for a large complex school of nursing and addresses information relative across programs (baccalaureate-generic, baccalaureate-RN, master's and doctoral) as well as within programs. This paper will address the development, reliability and validity of The Applicant Survey including the design, analysis, reporting methods, and utility for decision making.

13.2

ADMISSION REQUIREMENTS AND RECRUITMENT STRATEGIES: A NATIONAL STUDY OF BACCALAUREATE, ASSOCIATE DEGREE, AND DIPLOMA NURSING PROGRAMS

Peri Rosenfeld, PhD
Marie LoGuercio, RN, BS

At a time when nursing education is experiencing declining enrollments and high attrition rates, it is critical for faculty and administration to better understand the procedures currently used to recruit and admit students to American nursing programs. Moreover, current demographic trends as well as changing socioeconomic condition suggest that nursing programs will be faced with a range of new challenges, particularly in the area of admissions and recruitment in the future.

In order to get a firmer handle on the methods of application and recruitment currently used by nursing programs, a series of questions were appended to the NLN's 1985 annual survey of RN programs. The annual survey is a comprehensive study of the entire universe of state-approved schools of nursing, and approximately 80 percent of the 1,473 nursing programs responded to this section of the survey.

Three areas of concern were addressed in the survey: (1) current admissions requirements (e.g., minimal level of academic achievement, attainment of a specific score on standardized exam, etc.), (2) degree of need of remedial courses among students, and (3) recruitment techniques.

Using SPSS, the data is analyzed to explore the differences among program types, variations among geographic regions, comparisons of NLN-accredited and non-accredited programs, and differences between privately and publicly funded nursing programs.

13.3

TINTO'S MODEL OF DROPOUT FROM COLLEGE AS A PREDICTOR OF ATTRITION FROM AN ADN PROGRAM

Brenda Vosbein, RN, MSN
Mary Ruth Ivan, RN, PhD

This study investigated persistence in an ADN program and tested Tinto's (1975) model of dropout from college as a predictor of persistence in an associate degree nursing program. The sample consisted of 93 persistors and 39 nonpersistors in an ADN program. Subjects provided demongraphic data and completed the Norbeck Social Support Questionnaire (NSSQ). Additionally, each subject's prenursing and nursing grade-point averages were obtained from the offical school records. A step-wise multiple regression analysis was executed to determine the effects of seven variables (academic ability as measured by the student's GPA in prenursing courses; academic integration as measured by the student's GPA in nursing courses, age, marital status, minority status, number of hours worked per week, and social integration as measured by the total support score of the NSSQ) on the outcome variable of persistence.

The seven independent variables were found to be significantly contributing to the variance of persistence (R = .69784, r^2 = .48698, F = 4.5947). When the variables were regressed in the order in which they were contributing to the outcome variable of persistence, three variables were found to be contributing significantly. These three variables were social integration as measured by the total support score of the NSSQ (F = 91.69, p = .001), academic integration as measured by the student's nursing GPA (F = 8.87, p = .003), and number of hours worked per week (F = 91.69, p = .014). In relationship to minority students, the study found that there were no significant differences between minority students and non-minority students with regard to persistence (X^2 = .007, n.s.) and social integration as measured by the NSSQ. A t-test of the number of person listed in the social support network indicated a strong trend toward significance, with minority subjects listing significantly fewer persons than nominorities (t = 1.69, $p < .10$). Additionally, there was a significant difference between minority students and nonminority students on the variable of academic integration as measured by the student's GPA in nursing courses (t = 7.4244, $p < .001$). When inspected as separate minority groups, Asian students had high persistence whereas Hispanic students had low persistence.

In summary, the findings of this study indicate that Tinto's (1975) model does not adequately predict persistence in an associate degree nursing program. Female student nurses appear to demonstrate a greater need for social integration than males; this phenomenon was not addressed by Tinto's model. Implications for nursing education include the acknowledgement of the importance of social integration in nursing programs and the implementation of activities designed to facilitate formal and informal networking between students and faculty.

14.1

LONGITUDINAL STUDY OF NURSING STUDENT SATISFACTION AS RELATED TO SELECTED PROXY MEASURES OF QUALITY EDUCATION---THE VALUE ADDED APPROACH

Gretchen Reising Cornell, RN, PhD

The value added approach to the measurement of quality education considers the improvement made by students objectively and subjectively throughout the educational experience. The purpose of this longitudinal study was to describe the relationship of proxy measures of quality education in nursing and the satisfaction of nursing students with the nursing program and the university (a subjective mesure in value added). A pilot study was conducted to aid in the development of the instrumentation and to investigate the efficacy of the development of a descriptive model of the predictors of nursing student satisfaction. Nursing students at Northeast Missouri State University have been invited yearly to participate in the study. Survey instruments utilized and the variables measured were selected from a review of the literature to gather data in regard to attitudes, program achievement, and demographics. The variables, proxy measures of quality nurse education, were selected as characteristics which are alterable, rather than fixed, such as race or sex, and which have been shown in the literature to relate to satisfaction. Instruments used in the study were the Institutional Student Survey, Six Dimension Scale, Nursing Role Conceptions Scale, Nursing Orientation Towards Care or Cure Scale, and the Time on Task Survey. The statistical analysis of the data collected in the first year of the study (1984) indicated that the most parsimonious model of eight predictor variables accounted for 25.39 percent of the variance in the criterion, nursing student satisfaction. The predictor variables were class, sex, and aspects of professional socialization as measured by the Nursing Role Conceptions Scale and the Nursing Orientation Towards Care or Cure Scale. The results of the study of the nursing students in 1984 (N = 81) were utilized as the basis for the repitition of the study in 1985. The results of the 1985 data analysis, including the graduates of 1984, indicated a model of eight predictor variables contributing to only 18 percent of the variance in the criterion. At present, data from 1984-86 are being combined for overall analysis to determine correlations and predictor variables for undergraduate student and graduate satisfaction.

14.2

A COMPARATIVE STUDY OF THE RELATIONSHIP OF SATISFACTION, GOAL COMMITMENT AND ACADEMIC ACHIEVEMENT OF STUDENTS IN PUBLIC AND PRIVATE BACCALAUREATE SCHOOLS OF NURSING

Patricia H. Okimi, RN, PhD
Linda C. Curry, RN, PhD

The purpose of this study was to compare levels of satisfaction and goal commitment and their relationship to the grade point average (GPA) in nursing students enrolled in a public and a private baccalaureate school of nursing. A total of 414 nursing students (public: 192; private: 222) were classified as either first or second semester students in the junior and senior years, and given the Goal Commitment Survey and the College Student Satisfaction Questionnaire.

In the public institution unequal N ANOVAs showed a marginally significant difference in commitment ($p < .09$) and that both second semester seniors and second semester juniors were significantly more committed than first semester seniors, or the juniors in the first and second semesters ($p < .105$). Correlational analyses showed that while a marginally significant negative correlation existed between commitment and GPA ($r = .14$, $p < .08$), satisfaction and GPA were uncorrelated ($r = -.07$, $p < .28$).

Further, it was found that the public and private institutions did not differ in levels of goal commitment ($p = .62$), but that nursing students in the private institution were significantly more satisfied ($p < .001$). Analysis of the interaction showed that students in the junior year in the private institution were more satisfied than students in the public institution, but that this relationship was reversed in the senior year. Students in the public institution had significantly higher GPAs than those in the private school ($p < .0048$). Also, there was no correlation between GPAs and either satisfaction or commitment. Taken together, these analyses suggest that differences in commitment and satisfaction are not due merely to the influence of academic achievement.

The implications of these findings are interesting for nursing education and offer some potential for program planning and student retention.

14.3

STUDENT DIFFERENCES IN THREE NURSING PROGRAMS: TRADITIONAL BSN, NONTRADITIONAL BSN, AND ADN

Leah Byles Ramer, RN, PhD

A major curriculum revision changed a traditional baccalaureate nursing program into a nontraditional program with an associate degree exit option. Classes graduating during the 1980s from the three NLN-accredited programs provided a unique opportunity to study differences in personal characteristics and achievements of traditional and nontraditional BS students and associate degree nursing students in a stable, midwestern setting. In addition to comparing programs it was possible to identify characteristics of students who did or did not elect the ADN exit option from the open, generic, baccalaureate program.

Entire classes of students completed NLN achievement tests in clinical practice subjects and in pharmacology and nutrition. Demographic and personality (Cattell's 16 Personality Factor Inventory) data were collected to compare classes from the three programs. Multivariate statistics (ANOVA and discriminant analysis) were completed with SPSS computer facilities.

Nutrition and pharmacology content in the traditional program were taught as distinct courses, whereas the content was integrated into the nontraditional curriculum. Differential achievement occurred on the various sections of the exams. Traditional students scored higher on theoretical knowledge, while nontraditional students did better with application. Implications for nursing education support combining distinct and integrated content. The comparison of other NLN scores for each of the programs yielded surprising information for educational purposes. Some of the nonsignificant findings are of particular importance to nursing educators.

Fascinating demographic and personality differences did occur between AD and BS students. Statistically, the more assertive, independently oriented students elected the AD exit option. The nontraditional BS graduates tended to be of traditional college age, academically talented, and group oriented. A striking characteristic of all student groups was forthrightness.

15.1

THE RELATIONSHIP BETWEEN PROFESSIONALIZATION OF NURSING FACULTY, LEADERSHIP STYLES OF DEANS, AND FACULTY SCHOLARLY PRODUCTIVITY

Mary Katherine Wakefield-Fisher, RN, PhD

Literature indicates that the most effective leadership style is contingent upon situational variables. The purpose of this study was to determine (1) the relationship between the professionalization of faculty teaching in nursing doctoral programs, and deans' leadership styles and doctoral faculty scholarly productivity; and (2) the relationship between the size and age of nursing schools, the size and age of their doctoral programs, and nursing school deans' leadership styles.

The theoretical framework included Situational Leadership Theory, Greiner's Theory of Organizational Life Cycles, and Mintzberg's Theory of a Professional Bureaucracy. Study variables were measured using a leader behavior scale, a professionalism inventory, and a Scholarly Productivity Index-Corrected (SPIC). The SPIC was developed by the researcher to measure the amount of research activity, publication and editorial work completed by faculty (scale reliability = .88).

All doctoral nursing programs in the country with enrolled students were invited to participate. Of 26 eligible programs, 21 agreed to participate. 393 questionnaires were mailed to doctoral nursing faculty teaching in those programs, and a 66 percent response rate was obtained.

Using regression analysis, deans' leadership styles were not related to faculty scholarly productivity. Faculty professionalism was related to the editorial activities subscale of the SPIC. Again using regression analysis, nursing school age was related to leadership styles. Using analysis of variance no differences were found between research designated and non-research designated universities and faculty scores on the SPIC.

15.2

ACADEMIC CAREERS OF NURSING FACULTY

Donna K. Ipema, RN, PhD

The careers of academic professionals face several challenges during the years of retrenchment in higher education. The career development of nursing faculty in higher education was studied to (1) document the career patterns, transitions, and professional reinforcements of career development; (2) identify personal factors that contribute to or deter from academic career development; and (3) identify institutional differences in providing for faculty development and document the types and amounts of faculty development activities. The theoretical perspectives used in faculty development programs and theories of academic development were used as a conceptual framework.

One hundred schools were randomly selected from a list of NLN-accredited baccalaureate and higher degree programs in the United States and the District of Columbia. Seventy-three administrative heads responded to the request for institutional data and faculty names for the 1984-85 academic year. Three hundred faculty were randomly selected from the 2,404 submitted names.

The survey design had an exploratory and descriptive approach. A faculty career development questionnaire was mailed to 300 faculty with a return rate of 80.7 percent (N = 242). A stratified random sample (according to rank) of 20 faculty were selected from the questionnaire respondents. In-depth audiotaped telephone interviews were conducted with five instructors, five assistant professors, five associate professor, and five full professors.

Data were analyzed quantitatively (questionnaires) and qualitatively (interviews). Findings describe how faculty labor is divided among teaching, research, institutional service, and clinical practice; faculty activities according to rank, age tenure, and highest degree earned; and factors that influence academic career development. The study has implications for future faculty career development strategies and for research in nursing faculty career development.

15.3

PROFESSIONAL DEVELOPMENT NEEDS OF COLLEGIATE NURSING FACULTY: PERCEPTIONS OF FACULTY AND ADMINISTRATORS

Elaine F. Nichols, RN, EdD

Differences and similarities of collegiate nursing education administrators and nursing faculty regarding classroom, clinical, research, leadership, and service professional development needs of faculty were investigated. Personal and institutional rewards, personal and organizational conditions which help or hinder faculty's ability to pursue professional goals, involvement of faculty in professional development activities, and the importance of academic roles as predictors of faculty development needs were also investigated. Subjects were 663 faculty and 26 administrators representing 29 collegiate nursing programs in the Midwest. Results indicated that: (a) the greatest faculty development needs were in the areas of research; (b) administrators consistently perceived greater professional development needs for faculty than faculty perceived for themselves; (c) classroom teaching needs were common to a wide range of faculty members; (d) faculty members with primary responsibilities in undergraduate programs had professional development needs in all categories; (e) faculty and administrators perceived personal rewards for faculty very differently; and (f) faculty had only limited involvement in the professional development activities offered by the nursing program and the university. Recommendations indicated the need for further investigation into the socialization process and career stages of collegiate nursing faculty, the leadership role of collegiate nursing faculty, the administrators' philosophy and role concerning the professional development of faculty, and the growth contract as a vehicle for enhancing personal and institutional rewards.

16.1

ANALYSIS OF CLINICAL LABORATORY HOURS IN NURSING EDUCATION

Ann M. Gothler, RN, PhD

The clinical laboratory is the primary teaching approach used in all nursing education programs. There have been a few studies on limited samples that have reported a wide variation in total clinical hours for students in associate degree and baccalaureate programs (Gothler, 1985; Rosetta, 1984). However there is no published information generally available for faculty who are involved in curricular decision making.

The purpose of this descriptive study was to investigate the current use of clinical hours in nursing education. The population studied was all nursing education programs in the United States. This information was requested as part of the 1985 NLN annual survey of nursing education programs. The data analysis is differentiated for generic students, registered nurses, and licensed practical nurses who are enrolled in RN preparation programs. There is an over 70 percent return rate for this part of the questionnaire.

The analysis of the data was done using SPSS, looking at each type of program, prior nursing preparation of students, and NLN region, accreditation status, type of institution, and AAUP institutional category.

The results of this study show that there are extensive differences in clinical hours by region within program types. The wide range of hours indicates the need to further investigate the specific role and outcomes of the clinical laboratory in order to determine cost-effective approaches to nursing education.

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16.2

DIFFERENTIATION BETWEEN LEVELS OF NURSING EDUCATION: A QUANTITATIVE SYNTHESIS

Joyce H. Johnson, RN, PhD

The type and amount of education required to prepare for professional practice continues to be a major policy issue in nursing. One difficulty in resolving the issue has been in differentiating the competencies of graduates of the various programs. The purpose of this study was to synthesize the findings of studies which compared students or nurses from the three basic levels of nursing education--diploma, associate degree, and baccalaureate degree--and master's degree in nursing. Meta-analysis, an approach to research integration, was used to synthesize the findings of 139 studies that compared students or nurses from the four nursing education programs.

An analysis of the variances of effect sizes of comparisons between groups resulted in significant differences between professional (BSN) and technical nurses (AD and diploma) and between specialists (MSN) and professional and technical nurses. No differences resulted from comparisons between graduates of the two technical programs (AD and diploma). Professional nurses performed better in communication skills, community health activities, knowledge, professional activities, problem solving, professional performance, professional and technical performance, psychosocial skills, research, and teaching. Specialist nurses (MSN) performed significantly better in problem solving, professional activities, and professional and technical behaviors. The practice setting did seem to influence performance. Characteristics and research methods of the studies, however, did not yield consistent differences across comparisons. Results of the quantitative synthesis on levels of nursing education have extended our understanding of this corpus of research literature.

16.3

CORRELATES OF PROFESSIONAL AND LIBERAL OUTCOMES OF BACCALAUREATE DEGREE NURSING EDUCATION

Helen A. Hanson, RN, PhD

Ongoing efforts to define and measure the professional and general education outcomes of baccalaureate degree nursing education should be accompanied by an examination of the interplay among the various student input and educational process variables thought to contribute to these outcomes. This paper reports the analysis and findings of one component of a multifaceted longitudinal program research study designed to investigate the effects of student and educational process variables on the student outcomes of one baccalaureate degree program.

Utilizing data obtained at entrance and graduation from approximately 100 baccalaureate degree nursing students, the paper examines the following research questions: (1) to what extent are professional knowledge outcomes, measured by the NLN Comprehensive Achievement Test for Baccalaureate Nursing Students, related to students' personal and academic values and attitudes assessed at entrance and graduation by the Omnibus Personality Inventory? (2) to what extent are general education outcomes, measured by the ACT College Outcomes Measurement Project Objective Test, related to students' personal and academic values and attitudes assessed at entrance and graduation by the Omnibus Personality Inventory? and (3) to what extent can it be shown, in an analysis of co-variance model, that relationships between these educational outcomes and students' personal and academic values and attitudes are independent of the effects of previous academic achievement, measured by entering grade point average (GPA)?

The findings of these analyses are reported from the viewpoint of questions surrounding the predictive validity of personal values, attitudes, and interest in contributing to the professional and liberal education outcomes of baccalaureate degree nursing education.

17.1

IMPACT OF OUTREACH MASTER OF SCIENCE IN NURSING PROGRAM

Dorothy E. Reilly, RN, EdD, FAAN

A Master of Science in Nursing Program, designed to increase the educational level of nurses who reside a distance from accredited programs, was offered in four different outreach locations in Michigan during an 11-year period. A qualitative and quantitative study of the impact of this program on the graduates and the community itself was undertaken. An extensive questionnaire was sent to all 195 graduates. The response rate was 79 percent (154). Among respondents, 47 percent stated that they would be unable to earn the degree if a program had not come to their area.

Data analysis, currently underway, includes qualitative and quantitative methodologies which will be integrated. It is the intent that the quantitative data will support the qualitative data.

Quantitative methods will produce a professional profile of the graduates in terms of the following variables: employment pattern, advanced study in doctorate or other programs, certification, scholarly productivity including research, publications and professional presentations, honors and involvement in professional organizations, and health-related community activities.

Qualitative analysis will evidence the graduate's perception of the impact of the program relative to the following variables: professional goals, self-image, relationship to health care concerns of the community, ability to develop own insights, view point of nursing, and life in general

A qualitative analysis of the graduate's perception of the impact of the program on the local community includes three variables: changes in nursing education, nursing care services and image of nursing.

17.2

NEW GRADUATE COMPETENCE: A COMPARISON OF NURSING SERVICE AND FACULTY EXPECTATIONS

Anne Loustau, RN, PhD
Jane Glascock, PhD
James P. Bush, RN, EdD

The competence of the new graduate is a concern to both nursing education and nursing service. In previous studies, a Clinical Performance Standard (CPS) was developed and faculty expectations of new graduates' clinical performance were measured. The CPS, which was developed through use of Delphi technique with 11 experienced nursing faculty, is comprised of 18 general nursing skill areas and includes 158 specific behaviors. In the present study the CPS was administered to nursing staff in three major metropolitan hospitals. The purpose of this study was to identify expectations of nursing service and then to compare these to faculty data collected earlier.

Fifty-nine of 62 randomly selected nurses completed and returned the CPS. Expected competence was rated on a 4-point scale. Each skill item was also evaluated in terms of its importance and the frequency of its occurrence in daily practice. Reliability indexes for both faculty (alpha .91) and nursing service (alpha .88) groups were satisfactory.

Faculty and nursing service ratings for the nursing activities described by the CPS were similar (.001) by Sign Test, although faculty expectations tended to be higher than those held by nursing service. Faculty and nursing service respondents differed significantly in terms of the relative weight assigned (determined by multiplying importance times frequency) on only five of the 18 skill areas on the CPS. Faculty assigned greater weight to items concerned with patient hygiene ($p = .02$), respiratory ($p = .02$), and elimination ($p = .02$) care skills. Nursing service gave more weight to items associated with dressing changes ($p = .02$) and blood administration ($p = .03$).

Because results provide data on nursing service expectations for the new nurse as well as the relative priorities of required practice skills they may be of significant value to the nusing curriculum planning and evaluation process.

(This study was funded by Biomedical Research Support Grant number S07-RR0578-12.)

17.3

EDUCATIONAL NEEDS OF HOME HEALTH CARE NURSES

Moira D. Shannon, RN, EdD

This study identified education needed to update the knowledge and skills of nurses who are practicing in home care settings. Preferred levels of basic nursing education for this work and rewards based on educational preparation were identified.

The sample were participants at a national conference for home care who were willing to answer a questionnaire developed to identify the factors described above. Two hundered and sixteen persons participated; most were administrators from home health agencies. Data were analyzed using descriptive statistics.

The most needed areas of information were advanced medical-surgical topics, documentation of health care, marketing, and legal issues. Baccalaureate degree preparation was the preferred level of basic nursing education for home care, and diploma level was the second preference identified. Over 50 percent of the agencies represented in this sample did offer a salary differential based on educational preparation.

Educators in both academic and service settings need to be aware of changes in home care nursing that impact on the preparation of nurses for practice. Traditional curricula have reflected specific settings for episodic and distributive care. The present practice of home care is requiring skills common to episodic or acute care settings to be use in distributive or home care settings. Findings of this study identify some of the existing gaps in knowledge resulting from this shift and may serve as a basis for planning educational programs responsive to the needs of nurses practicing in home care.

18.1

A COMPARATIVE STUDY OF ADULT DEVELOPMENTAL PATTERNS OF GENERIC STUDENTS AND RN STUDENTS IN A BACCALAUREATE NURSING PROGRAM

Joan E. King, RN, PhD

The current influx of RN students into baccalaureate nursing programs has led to many curriculum changes that are based on the unverified assumption that RN students are "different." Using as the conceptual framework the integration of Levinson's theory of life stages, Loevinger's theory of ego development and Kolb's theory of learning styles, this study examined the adult developmental patterns of generic and RN baccalaureate students. It was postulated that the individual difference variables life stage, ego development, and learning styles would predict differences between groups on the variables satisfaction, purpose of education, and reason for enrollment.

The instruments used were the Washington University Sentence Completion Test, the Kolb Learning Style Inventory, and Tarule's Educational Experience Inventory. The sample consisted of 79 senior nursing students (49 RN, 30 generic). The results revealed significant differences between RN and generic students on life stages and ego development but not learning styles. Life Stage was the significant predictor for satisfaction, and purpose of education.

These results substantiated the premise that RN and generic students differ significantly in adult development. The ability to predict aspects of the educational process indicate that developmental differences impact education; therefore, these findings represent an initial step toward understanding the educational needs of RN and generic students. The responses from this study also support the use of a curriculum design with a separate RN track that encourages autonomy and flexibility as an excellent approach for meeting the educational needs of RN students.

18.2

CHARACTERISTICS OF REGISTERED NURSE STUDENTS AND THEIR RETURNING-TO-SCHOOL EXPERIENCES

Jane E. Murdock, RN, EdD

Although there has been considerable discussion in the nursing literature about the problems RN-BSN students experience as they return to school, there is little research-based data describing either their characteristics, the pattern of their returning-to-school experiences, or the nature of the educational conditions that help or hinder them in achieving their educational goals. This descriptive study addressed these areas of deficit in the nursing literature.

The findings of the study are based on responses to a questionnaire mailed to all of the May 1983 RN-BSN graduates (N = 350) from 17 baccalaureate programs in New England. The overall response rate was 68 percent.

The respondents' motivations for returning to school, the sources of guidance they used in making their decisions, their reasons for choosing their schools, and the sources of funding they used for school-related expenses are identified. A profile of the respondents' age, sex, race, marital and parental status, and education and work histories is developed. Significant differences occurring in these characteristics between associate degree and diploma graduates are identified.

Fourteen hindering conditions and 18 helpful conditions were the most frequently occurring and the most powerful. Of these, multiple role strain was the most powerful hindering force. The existence of peer support networks and the respondents' own abilities to cope with multiple role strain were identified as the most powerful helpful forces. The respondents also valued educational approaches that increased the flexibility and accessibility of the program offerings and made them feel both welcomed and challenged.

18.3

THE LIFE CHANGE EVENTS AND COPING BEHAVIORS OF REGISTERED NURSES RETURNING TO COLLEGE FOR A BACHELOR OF SCIENCE DEGREE

Elizabeth R. Fadden, RN, MSN

The present study examined the life change events and coping behaviors of registered nurses returning to school for a bachelor of science degree in nursing. Two instruments, the Life Experience Survey and the Bell Coping Scale, were mailed to 145 RNs enrolled in upper division nursing classes at Maryville College in St. Louis, Missouri, and Southern Illinois University at Edwardsville. Ninety-four surveys were returned.

A one-way analysis of variance indicated that age and the number of persons dependent on the respondent for care and nurturing were not differentiating factors in the degree of total stress reported. A one-way analysis of variance also indicated that returning registered nurse students reporting high levels of negative stress use a significantly higher percentage of short-term coping methods than those reporting lower negative stress levels.

An additional significant finding was that 14 of 15 respondents reporting sexual difficulties were in the high negative stress group.

Positive and negative events most frequently reported by respondents as having an impact on their lives were identified. Short-term and long-term coping behaviors most frequently reported were also indicated.

Results of the study have implications for nursing educators as well as for the pre-admission advisement and counseling of the returning registered nurse student.

19.1

THE IMAGE OF PROFESSIONAL NURSING ON THE UNIVERSITY CAMPUS: A REGIONAL INQUIRY

Doris Troth Lippman, RN, EdD
Karen Stonkas Ponton, RN, MA

PURPOSE

Few would dispute the impact of the mass media upon public opinion. While much has been written about the media portrayal of nursing, little research has questioned whether that portrayal accurately reflects the image of nursing held by the public. The purpose of this study was to explore the views of nursing held by one segment of society, university faculty. This image may profoundly affect nursing students as they learn and are socialized into their professional roles. Also, the public image of nursing may tacitly influence the nurse-consumer relationship.

DESIGN

A survey design was utilized.

METHODOLOGY

A sample of 1,000 faculty was randomly selected from faculty of the 29 universities in New England with NLN-accredited baccalaureate schools of nursing. Data was collected through mail distribution and return of the Image of Professional Nursing on the University Campus Questionnaire.

DATA

Five hundred thirty-nine of the 1000 questionnaires were returned, for a response rate of 55.1 percent. Quantitative data were obtained from 97 items concerning the participant's media contact with nursing, personal contact with nursing, and image of nursing. Additionally, 208 questionnaires were returned with extensive written comments.

ANALYSIS

Percentages, cross-tabulations, and content analysis were used.

FINDINGS

The faculty sampled held a different and more positive image of nursing than that conveyed in the media. Nurses were perceived as educated, autonomous, and compassionate individuals, whose role is vital in health care.

19.2

MENTORING: CORRELATES WITH ROLE CONFLICT AND ROLE AMBIGUITY AMONG NURSE ACADEMICIANS

Laurie T. Jowers, RN, PhD

The purpose of this study was to investigate the mentor-protege relationship and the perceived degree of role conflict and role ambiguity among nurse academicians. Specifically, relationships were examined between five mentor-protege variables--mentor behaviors, characteristics of the mentor-protege relationship, power and achievement characterisitcs of the mentor, personal qualities of the mentor, and protege achievement--and role conflict and role ambiguity. It was hypothesized that the mentor variables were mediating factors regarding role conflict and role ambiquity perceived by nurse faculty members. A correlational research design was used for this study.

The population included instructors and assistant professors in public nursing programs in the Southern region of the United States offering a master's degree program accredited by the National League for Nursing. The population was further limited to include only female, full-time nurse academicians.

Of the 805 original mailings, 524 (65 percent) questionnaires were returned. The total number of usable questionnaires was 477 (59 percent). The three-part questionnaire consisted of (1) demographic and background data, (2) mentor scales, and (3) a role conflict and role ambiquity scale.

The data were analyzed using descriptive statistics including Pearson product-moment correlations and multiple regression analyses. A major outcome of this study was the identification and description of the mentor-protege relationship. A majority (60.1 percent) of the respondents identified one or more mentors.

The results of Pearson product-moment correlations indicated significant inverse relationships between mentor behaviors and role ambiguity, between characteristics of the mentor relationship and role ambiguity, between power and achievement characteristics of the mentor and role ambiguity, between personal qualities of the mentor and role ambiguity, and between the proteges' achievements and role ambiguity.

19.3

ROLE EXPECTATIONS OF JOINT ACADEMIC/CLINICAL APPOINTEES IN UNIVERSITY NURSING FACULTIES

Sonia Acorn

The purpose of this study was to provide a descriptive analysis of the role expectations of joint academic/clinical appointees in university nursing faculties. These role expectations are examined from the perspective of both the joint appointees and the deans of nursing and senior nurse executives of the health care agencies. Data were collected from 139 joint appointees, 10 deans of nursing, and 36 nursing service administrators in Canadian nursing faculty and service agencies.

The following research questions were addressed: (1) What are the role expectations held by educational institutionss and by health care agencies as expressed by the senior nurse executives in these organizations? (2) Is there congruency of role expectations held by the nurse executives in educational institutions and health care agencies? (3) What is the relationship between the use of role negotiation skills and the joint appointees perceived congruency in role expectations? (4) What is the relationship between the joint appintees' perceived congruency in role expectations and their job tension level? (5) What is the relationship between the joint appointee's use of role negotiation skills and their job tension level? Data were collected by self-administered questionnaires.

The deans of nursing and nursing service administrators were found to differ in their expectations of three types of joint appointments, Cost Shared, Clinical Associates, and Associate Faculty. The deans held the highest expectations for the Clinical Associates and Associate Faculty. The deans held the highest expectations for the Clinical Associate group while the nursing service administrators held the highest expectations for the Cost Shared joint appointees. The main differences in expectations were in the area of expectations for research.

In examining the possibility of relationships among the variables studied, Pearson product-moment correlations were used. Positive correlations were found between the joint appointees' use of role negotiation skills and perceived congruency in role expectations. A negative relationship was found between the joint appointee's perceived congruency in role expectations and job tension levels. A negative relationship was also found to exist between the joint appointee's use of role negotiation skills and job tension levels.

20.1

GRADUATE PROGRAMS IN NURSING: PLACEMENT IN UNIVERSITY ORGANIZATIONAL STRUCTURES

Katherine Wiley, RN, EdD
Rosanne C. Perez-Woods, RN, EdD

The purpose of this study was to answer these questions: (1) currently, where are NLN-accredited nursing graduate programs located within their college/university organizational structures? and (2) ideally, where would administrators of nursing progams want the graduate program placed if they had a choice? Data were also obtained to ascertain where--actually and ideally--authority was placed to recommend granting the master's and/or doctoral degrees, establish standards for admission and progression, establish new programs, modify curriculum and approve courses, and define qualifications for graduate faculty.

A self-report questionnaire was sent to 121 deans of schools of nursing, and 99 deans (82 percent) responded. Seventy-five percent of the respondents were from public universities; 25 percent were from private universities. Ninety-nine percent had master's programs; 31 percent had doctoral and master's programs.

The findings indicate that (1) of the 99 schools that offered graduate programs in nursing, 42 percent are placed in the graduate school; and 36 percent of the deans believe this location is ideal. Forty percent of the programs are placed in the school of nursing, and 51 percent of the deans indicate such placement is ideal, (2) of the 31 programs offering a doctoral degree, 24 or 77 percent offer the PhD degree. Sixty-two percent of these PhD programs are placed in the graduate school, and 87 percent of the deans of these PhD programs indicated this location is ideal; (3) a lack of consensus exists regarding organizational placement of graduate programs as well as delegation of authority within the structure for making academic decisions.

20.2

SPECIALIZED ACCREDITATION IN BACCALAUREATE NURSING EDUCATION

Kim Litwack, RN, ND, PhD

The purpose of this study was to explore attitudes of directors of baccalaureate schools of nursing and academic vice-presidents of the institutions housing the nursing programs toward specialized accreditation in nursing.

This study was generated in recognition of the dichotomous challenge facing institutions of, and programs within, higher education: the need to maintain effectiveness while maximizing efficiency in terms of resource utilization.

Questionnaires were mailed to the director of the 416 BSN programs in the United States, and to the academic officers of each institution. The questionnaire sought descriptive and demographic data specific to the school and institution, and asked respondents to rate the importance of responses to three questions:

1. Why did you decide to apply for NLN accreditation?

2. What do you consider the benefits of NLN accreditation?

3. If your program is not accredited, what are the reasons for not being accredited?

(Copies of the questionnaires will be available at the presentation). The return rate was 81 percent from directors and 63 percent from academic officers.

Chi-square analysis was performed to identify any significant differences ($p < .05$) between the mean scores of directors and academic officers, in consideration of program type, enrollment size, and geographic location.

In examining attitudinal data, a number of significant relationships were found between the academic officers and the directors. Program type, geography, and size proved relatively inconsequential.

Based on a review of the literature and this study, recommendations are made for baccalaureate schools of nursing, the NLN, higher education, and the Council for Postsecondary Accreditation.

20.3

DELIVERY OF CONTENT FROM OTHER DISCIPLINES IN NURSING CURRICULA

Elizabeth R. Lenz, RN, PhD
Patricia Gonce Miller, RN, MS

Nursing is a practice discipline whose knowedge base incorporates and builds upon content from related sciences and health fields. Preliminary research (in 1982) revealed that a variety of mechanisms are used to deliver content from other disciplines in baccalaureate and higher degree nursing curricula: e.g., hiring non-nurse faculty, hiring nurses with advanced preparation in nursing or other disciplines, contracting with other departments, and requiring students to take existing courses in other departments either as prerequisites or as components of their programs of study. The purposes of the present study were (1) to determine the frequency and success with which the above mechanisms are used to deliver content from other disciplines, and (2) to assess nursing educational administrators' predictions and preferences regarding future content delivery.

The random sample consisted of 157 schools/departments of nursing with NLN-accredited baccalaureate and higher degree programs. The survey instrument requested the top administrator of the school/department to identify which of six mechanisms were used to deliver each of 15 content areas in the nursing curricula. The success with which each mechanism had been used was rated on a 6-point scale, and anticipated changes and preferences were assess via closed-ended items.

The most frequently cited and most successfully employed means for delivering content from other disciplines were to have a nurse faculty member with an advanced nursing degree teach the content and to require students to take existing courses in another department. The frequency with which specific mechanisms were employed differed according to subject matter and characterisitcs of the schools surveyed, with larger schools, those in public institutions and with nurse faculty prepared in nursing to deliver content from other disciplines. The least successful mechanism was to hire non-nurse faculty to teach the content. The preferred means to deliver content related to physiology and statistics was to require students to take an existing course outside the nursing school/department. Administrators were most likely to predict no change in content delivery; those anticipating change tended to predict expansion in the scope of nurse faculty roles to include increased responsibility for delivering content from other disciplines.

21.1

A CONTEXTUAL ANALYSIS OF FACULTY PRODUCTIVITY

William L. Holzemer, RN, PhD, FAAN
Donald B. Chambers, MEd

BACKGROUND

As part of a national evaluation of the quality of doctoral education in nursing, data were collected on measures of the quality of the environment and faculty productivity. This study explored the relative contribution of individual faculty characteristics as compared with program characteristics as predictors of faculty productivity. How much effect does the environment of a nursing doctoral program have upon the productivity of an individual faculty member?

SAMPLE

Collected in 1984, the sample included 241 faculty from 25 programs.

VARIABLES

The dependent variable was a composite productivity measure consisting of seven variables. The independent variables were demographic characteristics of faculty and programs, perceptions of program quality, and mean program scores for faculty perceptions of the environment.

ANALYSIS

A contextual multiple regression analysis was performed.

RESULTS

There was a modest contextual effect upon faculty productivity after removing the contributions of individual characterisitcs. Highly productive programs were characterized by faculty of senior rank who had extensive teaching experience and who worked in highly productive environments. In addition, faculty who perceived their environment positively were more productive. There was also a significant individual effect upon productivity after removing the contributions of the environment. Highly productive faculty were characterized by having higher academic rank, being older, and reporting a higher percentage of time spent on research activity. The significance of the contextual effects of working in a productive environment, perceiving the environment positively, and time spent on research activity are discussed.

(This project was supported by the grant, "Quality Indicators of Nursing Doctoral Programs," DHHS, PHS, Division of Nursing, 1 RO NU00967.)

21.2

NURSE-FACULTY WORK MOTIVATION AND PUBLICATION PRODUCTIVITY IN RELATION TO CORE JOB CHARACTERISTICS AND DEMOGRAPHIC VARIABLES

Ellen T. Daly, RN, EdD

The purpose of this study was to extend to the university setting Hackman and Oldham's Job Characteristic Theory of Work Motivation by investigating the relationships among graduate program nurse-faculty's perceptions of core job characteristics, internal work motivation, publication productivity within the past five years and demographic characteristics of age, professional age and tenure status.

The study instrument consisted of the Job Diagnostic Survey, Short-Form, developed by Hackman and Oldham and the Graduate Faculty Publication Productivity Questionnaire designed by the writer. Administered by mail to 687 nurse-faculty with earned doctorates teaching in graduate programs of collegiate schools of nursing which confer doctoral degrees in nursing, the instrument elicited data for hypotheses testing from 317 respondents (46 percent).

Data analysis established the existence of statistically significant relationships at .05 level in five of the ten hypotheses tested. The conclusions indicate that for this population of nurse faculty, the core job characteristics variable appears to be a predictor of publication productivity and the best predictor of internal work motivation. Tenure status appears to be a predictor of publication productivity and the best predictor of quantity of publication productivity. Professional age appears to be a predictor of publication productivity and the best predictor of quality of publication productivity. As this population's chronological and professional age increases their internal work motivation appears to decrease. Chronological age appears not be a predictor of quantity of publication productivity.

The implications of this study for nursing education, research and educational managment are discussed.

21.3

ANTECEDENTS OF RESEARCH PRODUCTIVITY IN PUBLISHED NURSE RESEARCHERS

Wealtha C. McGurn, RN, PhD, CPNP

PROBLEM

Nursing schools offering master's and doctoral programs differ in the amount and kind of research theory and applications in their curricula. It is important to establish the relationships among research courses and practice and the desired outcomes of research productivity in nursing, positive attitudes about research, and research consumption given competition for curricular space and cost.

PURPOSE

This study was designed to determine what formal education and on-the-job (informal) education experiences were associated with research productivity in those nurses publishing their research. The associations of these independent variables were also studied in relationship to research consumption and attitudes about research. The research questions were: What are the relationships between selected forms of formal and informal research experiences and later research productivity? Research consumption? Research attitudes?

A list of published nurse-researchers was compiled by examining the three nursing journals most frequently publishing nursing research, Journal of Nursing Research, Nursing & Health Care, and Advances in Nursing Science, in 1980. From the list, 100 nursing researchers were randomly selected and mailed a questionnaire. Questionnaires were examined for content validity and pilot tested for reliability (alpha = .81) prior to use. Chi-square analyses and Pearson correlations were computed to test data.

Several significant associations were found between research consumption or research attitudes and the independent variables in the 55 subjects who responded to the survey.

22.1

WELLNESS BEHAVIOR OF NURSING STUDENTS: AN OUTCOME OF A HEALTH ORIENTED CURRICULUM

Mary Ann Boyd, PhD, DNS

Nursing education now emphasizes health as well as illness. The purpose of this study was to determine the impact of classroom and clinical education on the personal health habits of baccalaureate nursing students. Since health habits are established at a very early age, students in late adolescence and adulthood may not transfer new knowledge that is to be applied to clients to themselves, especially in a program that does not deal with student health behaviors.

The level of wellness of 60 randomly selected nursing students was assessed when they entered nursing school during their sophomore year. A control group of non-nursing students who were matched by age, sex, race, marital status, and class status was also assessed at the same time. The subjects were retested 2 1/2 years later at graduation. The underlying philosophy of the project had its roots in Dunn's conceptualization of High-Level Wellness. The wellness concepts were operationalized by Hettler's Lifestyle Assessment Questionnaire which included the following dimensions: exercise, nutrition, self-care, vehicle safety, drug usuage, environment, emotional awareness, emotional management, intellectual, occupational, and spiritual.

The results supported the idea that personal health behavior improves when formal nursing education is undertaken. The 33 nursing students who completed the nursing program had significant improvement in nine wellness dimensions. The two areas where there were not improvements were vehicle safety and spirituality. Students are required to drive considerable distances for clinical experiences, which would affect their vehicle safety score. Spirituality is not a strong component in the curriculum. The control group (N = 35) did not experience similar improvement. There were only two areas where improvement was evident, vehicle safety and intellectual dimensions.

22.2

THE RELATIONSHIP BETWEEN BASIC MATHEMATICS SKILLS OF NURSING STUDENTS AND SELECTED BACKGROUND VARIABLES--ALBERTA, CANADA

Patricia L. Chenger, RN, EdM
Dorothy N. Conklin, RN, MSc
Sandra P. Hirst, RN, MSc
Marlene A. Reimer, RN, MN

The ability to perform basic mathematical functions is a necessity for the safe administraion of medications by nurses. Nursing education programs therefore must ensure that students have a firm grasp of the mathematical skills, both computational and problem-solving, required for drug preparation. The purpose of this descriptive study was to examine the basic mathematical skills of students entering and exiting generic nursing education programs in the province of Alberta.

A 35-item Basic Mathematics Test and a Mathematics Background Questionnaire were administered to 210 entering and 145 exiting nursing students throughout the province of Alberta. Reliability and validity of the instruments were established. The study determined if students demonstrated mastery (set of 90 percent) of basic mathematical skills and if relationships existed between scores on the test and age, gender, recency of math related courses, past experience in math operations, grades in previous math coures, overall academic achievement, and attitudinal variables.

Preliminary findings on the data from the entering students suggest: (1) problem-solving skills are relatively poorer than computational skills; (2) age, gender, recency of math related courses, and past experience with math operations in previous work experiences were significant predictors of performance on the basic math test; (3) a positive relationship exists between high school average, senior level high school math grades, GPA, and math scores and (4) a positive relationship exists between attitude toward math and math scores.

Findings from this study are intended to (1) generate further research into basic mathematics abilities of nurses, both student and graduate; (2) form the basis for predictive studies and admission policies; and (3) identify the need for remediation and/or curriculum revision. The completed research project with implications and recommendations will be discussed.

22.3

THE USE OF PRACTICE AND FEEDBACK TO ENHANCE LEARNING AND RETENTION OF NURSING SKILLS

Rose Utley, RN, MS

The trend in nursing education is moving toward independent learning and independent practice of skils. This may not be the best approach for beginning students faced with learning complex skills such as blood pressure measurement. The purpose of this study was to determine the effect of two practice and feedback methods on the degree of learnng and retention of blood pressure measurement. The invited sample consisted of 36 junior level nursing students enrolled in two sections of a nursing skill course at a large midwestern university. Eligible students were assigned randomly to either a self= or instructor-directed practice group for an N of 10 and 12 respectively. The instructor-directed practice group (IDPG) received immediate and continual feedback during structured practice sessions which totaled an hour and fifteen minutes. The self-directed practice group (SDPG) practiced independently as often as they wished. Feedback for the SDPG was given only when solicited by the student and was therefore not immediate nor continual in nature. A criterion-referenced checklist was used to evaluate the subjects' learning and retention of the skill. A posttest-only control group design was used. A t-test was performed on the learning and retention scores ($p < .05$). Both groups showed comparable initial learning ($t(17) = 0.95$, n.s.). However, the difference in retention scores was significant, with the IDPG scoring higher ($t(17) = 2.47$). The findings indicate that retention of complex nursing skills may be enhanced by instructor-directed practice and immediate and continual feedback.

23

FORUM

PRESENTATIONS WITH PIZZAZZ

Gloria Clayton, RN, EdD
Ann Gothler, RN, PhD
Joan Thiele, RN, PhD
Lois Allen, RN, MA

The purpose of this forum is to provide an opportunity for sharing of positive and negative experiences related to the presentation of research findings.

GOALS

1. Facilitate sharing of ideas regarding successful and unsuccessful experiences and techniques for research presentation.

2. Share the observations of the program planning committee regarding accepted and non-accepted abstracts.

3. Provide current information relating to the development of research abstracts which are most likely to be accepted.

4. Provide information which will enhance the quality of research presentations.

TOPIC OUTLINE

A. The abstract
   1. Getting high marks from the review committee.
   2. What goes into the abstract (and what does not)
   3. How to write the abstract
   4. Reporting findings, conclusions, and implications
B. How to organize and present the paper
   1. Before the presentation data activities
   2. Overcoming the jitters
   3. Successful presentation modes
C. Illustrating the presentation
   A. Legibility and lettering
   B. Logic
   C. What to illustrate (and what not to)
D. Poster presentations
   A. Planning
   B. Presenting
   C. Legibility
   D. Aesthetics

24.1

THE DOCTOR OF NURSING (ND) PROGRAM AT CASE WESTERN RESERVE UNIVERSITY: PRELIMINARY EVALUATIONS OF GRADUATES

Joyce J. Fitzpatrick PhD, FAAN
Kathleen K. Boyle

The Doctor of Nursing (ND) Program represents a strategy to advance the professionalism of nursing through reconceptualizing and restructuring basic nursing education. This study was undertaken to evaluate the curriculum, document the impact of graduates on the health system, and determine whether differences exist between ND and baccalaureate (BSN) graduates. Specific research questions addressed differences in work performance, career trajectories, and other graduate characteristics, including job responsibilities, salary, State Board scores, job satisfaction, satisfaction with educational preparation, and attainment of general program objectives. A longitudinal survey design was used to track three cohorts of ND graduates and a BSN comparison group. The 1982 graduating class was followed for three years after graduation, the 1983 class for two years, and the 1984 class for one year. All ND graduates were sampled and all BSN graduates of the same cohorts employed at several health care agencies were asked to participate. The Six-Dimension Scale of Nursing Performance was used to obtain self and supervisors' appraisal of work performance. Findings for all three cohorts (N = 53 ND, N = 103 BSN) after one year, for two cohorts (N = 26 ND, N = 52 BSN) after two years, and for one cohort (N = 13 ND, N = 16 BSN) three years after graduation are reported. ND graduates differed significantly on State Board performance. Numerous significant differences on self-appraised graduate characteristics and performance and supervisor-appraised performance were evident at each study interval. The graduates evidenced similar initial employment characteristics. Differences in graduate education and employment patterns were noted with the ND graduates progressing more rapidly.

24.2

A COMPARATIVE ANALYSIS OF ACADEMIC PROGRAMS PREPARING NURSING ADMINISTRATORS

Mary S. Tilbury, RN, EdD, CNAA
Barbara Stepura, RN, MS, CNA

The need for knowledgeable and skilled nursing administrator has never been greater. The health care system has entered a period of dramatic, fundamental change. Academic preparation in nursing administration takes on increasing importance in this environment.

The purpose of this study was to survey and analyze key elements of all NLN-accredited master's level programs with majors and/or minors in nursing administration. Of the 77 graduate programs contacted, 70 submitted requested materials.

A comparative analysis of programs was conducted in the following areas: admission criteria, graduation requirements, and curricular content. Twenty-five admission criteria categories and five graduation requirement categories were established and analyzed. The curriculum analysis was based on a review of the programs' preparation objectives--major concentration or functional role. The areas of clinical practice, research, and administration were primarily used to classify program content.

Findings indicate a substantial variance in admission criteria, notably in the areas of admission testing, GPA and experience required. A number of unique criteria were found. Graduation requirements were more consistent with the exception of number of credits required for graduation. Curriculum comparisons were completed between and within the divisions of minor and major in nursing administration. Wide variance was found in administrative course content in the minor. An examination of programs preparing majors in nursing administration demonstrated a more homogeneous pattern of curriculum distribution.

Future studies will focus on analyzing curriculum trends in response to the changing health care environment.

24.3

THE HISTORICAL EVOLUTION OF THEORIES AND CONCEPTUAL MODELS FOR NURSING

Joellen W. Hawkins, RNC, PhD, FAAN

This research focuses on tracing the historical development of nursing theories and their evolution into conceptual models for nursing practice. Leaders are identified and their contributions to present conceptual models presented through examples of their work.

The importance of the contributions of early nurse theorists cannot be overlooked in analyzing conceptual models in the 1980s. A historical investigation of the evolutionary processes leading to these models provides knowledge of the foundation of present-day nursing models, for it is in light of the early theorists that one determines paradigm shifts in nursing.

SELECTION OF THEORISTS

The theorists selected for presentation have been identified through a search of the nursing literature over the past century, as well as a study of contemporary writing about the development of nursing theory. They include: Nightingale, Shaw, Robb, Harmer, Dock, Stewart, Frederick, Northam, Peplau, Abellah, Henderson, Orlando, Wiedenbach, Levine, Hall, Johnson, Rogers, King, Roy, Travelbee, Orem, and Neuman.

METHODOLOGY

Primary sources were used whenever possible to trace the theories as they were developed. Secondary sources provided additional references, commentaries, and analyses of the work of these pioneer theorists. Resources utilized included archival materials, periodical literature, books, and first-person contacts.

An understanding of the developmental steps nursing has taken along the way to the evolution of conceptual models must acknowledge the contributions of nurse theorists over the past century. Whether we evolve to a single paradigm for nursing or continue to support several as the basis for our practice, education, and research, we are indebted to those who are the pioneers in the development of nursing as a scholarly profession. This illustrated presentation pays tribute to these leaders.

25.1

TEACHER EDUCATION IN NURSING: A STUDY OF NURSING FACULTY, STUDENT, AND ADMINISTRATOR PRECEPTIONS

Rose Jackson, RN, PhD
Sharon Alger, PhD
Dixie Ray, MPA

The purposes of this study were to (1) investigate perceived teacher education needs among present and potential nurse educators in a midwestern state; (2) identify perceived characteristics of the faculty role in schools of nursing; (3) assess the impact of employment settings on perceived needs in teacher education and (4) assess perceptions of the significance of education courses to the faculty role in schools of nursing.

Three parallel forms of a questionnaire were sent to education administrators, faculty, and students in 6 diploma, 15 associate degree, and 13 baccalaureate and higher degree programs in the state. Seventy-eight percent of administrators, 60 percent of faculty and 56 percent of students responded to the parallel forms of the questionnaire.

There was slight variation in perceptions of needs of faculty for teacher education content (topics) among administrators, faculty and student respondents. Statistically significant associations ($p < .05$) were found between having or not having taken education courses and perceived need and proficiency among faculty respondents in several areas. Persons who had completed teacher education sequences reported being more adequately prepared for the teaching role than faculty who had not taken education courses in preparation for teaching. Faculty have recognized developmental needs in (1) curriculum development and revision, (2) clinical evaluation, and (3) test construction and analysis. Faculty role characteristics vary somewhat depending on the type of program in which employed. Graduate faculty respondents were more likely to be doing consultation, research, writing for publication, and paper presentations than faculty in baccalaureate, associate degree, or diploma programs.

It was concluded that institutions of higher learning in the state should address the needs of faculty in terms of functional role requirements and recognize the need for faculty to have courses in teacher education either before or within a specified time after employment. The trend in some schools of nursing to abandon teacher education content as a significant component of master's education needs to be reconsidered.

25.2

ANALYSIS OF STATUS-RISK AND PERSONALITY EXPLANATIONS OF NURSING FACULTY RESISTANCE TO INNOVATION

Keela Ann Herr, RN, PhD

The purpose of this study was to analyze two explanations of nursing faculty resistance to innovation. This research explored the relationship between selected status variables, personality variables, and receptivity to innovation and the relationship between perceived risk, threat to job perquisites and receptivity to innovation.

The following research questions were examined: (1) Is nursing faculty receptivity to innovation explained by selected status of personality variables? (2) What is the relationship between selected status variables and receiptivity to innovation? (3) What is the relationship between selected personality variables and receptivity to innovation? (4) What is the relationship between threat to job perquisites, perceived risk and receptivity to innovation?

A correlational survey research design was utilized. Data were obtained from 301 nurse educators through a stratified, random sampling of all faculty ranks in public nursing programs in the southern region of the United States offering master's degree programs accredited by the National League for Nursing that met eligibility requirements for the study. Data collection instruments included semantic differentials, the Threat to Job Perquisites Scale, Trumbo's Work-Related Change Scale, Dye's Local-Cosmopolitan Scale and the Rokeach Dogmatism Scale.

Regression analyses and Pearson correlations indicate that status variables account for the most variance in explaining receptivity to innovation. Perceived risk was found to be the greatest contributor to explaining receptivity for all three innovations measured with r-squares ranging from 51 percent to 59.5 percent. A larger number of status variables than personality variables were significantly related to receptivity to innovation. Significant relationships were found between threat to job perquisites, perceived risk and receptivity to innovation.

25.3

FACULTY TENURE: THE RELATIONSHIP BETWEEN REWARD ALLOCATION IN ACADEME AND CODIFICATION OF KNOWLEDGE

Mary Needham Moore, RN, PhD

The purpose of this study was to investigate reward allocation in academe. The research questions asked: What are the criteria for allocating rewards in selected university disciplines? Do these criteria differ by level of codification of knowledge in the discipline? Criteria for reward allocation have been identified as a major dimension of organizational climate in academe with tenure identified as the valent academic reward. Since the contemporary university is a highly stratified organization, it was anticipated that interdisciplinary variations in the reward structure could be differentiated by related levels of paradigm development. The sample consisted of faculty (N = 366) in five disciplines in six U.S. universities surveyed via a mailed self-administered questionnaire, the Tenure Decision Factor Inventory (TDFI) composed of Achievement (ACH), Ascriptive (ASCRIPT), Internal Political (IP) and External Political (EP) criteria related to tenure receipt. TDFI test-retest reliability was .92, and Chronbach's test yielded alphas of .80 for ACH, .58 for ASCRIPT, .70 for IP, and .69 for EP scales.

Data were analyzed using measures of central tendency and inferential statistics. Reward criterion categories' mean differences among disciplines were examined by a four-by-five two-way analysis of variance with repeated measures and post-hoc contrasts, using Tukey B tests.

Results of the study showed significant main effects from discipline ($F = 16.24$, $p < .0000$) and reward criteria ($F = 517.29$, $p < .0000$). Tukey B (alpha = .05) revealed that major differences contributing to the main disciplinary effect were between nursing and the four other study disciplines and to the main reward effect were between the importance of ACH criteria and the three other reward criteria categories. There was also significant interaction between reward criterion categories and discipline, with Tukey B tests (alpha = .05) indicating that the major contribution to the differences was nursing with its significantly higher means than all other groups on the ASCRIPT, IP, and EP factors.

Most important reward criteria (determined by crosstabulation) were amount (N = 99) and quality (N = 98) of publication. Research grants (N = 56) and professional reputation (N = 49) ranked next in importance, and one discipline (nursing) identified teaching effectiveness (N = 26) as a significant criterion.

26.1

DEVELOPMENT OF A VALID AND RELIABLE ROLE STRAIN INVENTORY

Cecile A. Lengacher, RN, PhD

The emphasis of this presentation will be on the process of development and reliability and content validity determination of a role strain inventory that was integrated into a research model that was tested and validated. This study investigated the variables that predict and explain role strain in RNs returning for baccalaureate degrees who are also working and going to school. The major purposes of this study were to develop and test a research model that predicts and explains role strain in BSN completion students and to develop a reliable and valid role strain inventory to be incorporated into the research model.

The research model included 13 predictor variables. Eight personality variables were assessed by the Career Concerns Inventory, and one variable was marital status. The criterion variable role strain was assessed by the Lengacher Role Strain Inventory. Further continued validation of this inventory is in process.

The sample population of this study were 86 women RNs in the BSN completion program. The majority (75 percent) were between the ages of 26 and 40. All were employed and 60.5 percent were married.

This was a descriptive survey that utilized a quantitataive approach. The research model tested 13 predictor variables. Before the Role Strain Inventory was integrated into the research moedl, it was developed, piloted, and subjected to an item analysis. Analysis of the revised inventory, administered to subjects in this study, resulted in a reliability estimate of 95 percent. Fourteen hypothesese were tested to identify which variables in the model were significantly related to role strain and which variables in combination would predict role strain. The data analysis techniques used to test the research model were simple, multiple linear correlation and multiple stepwise regression. A double-cross validation procedure was employed to validate the results of the multiple regression analysis.

All 14 variables were significant preditors of role strain, and therefore the model in its entirety was validated, which gave construct validity to the Role Strain Inventory. The combination of the 13 independent variables in the model produced a multiple R of .51, with role strain explaining 2 percent of the variance of role strain.

This study has significant implications in prediting role strain in RNs (or women) returning to school. Women who are at risk for role strain can be identified, and therefore programs can be developed to assist them to deal with these role strains.

26.2

THE EFFECT OF A TEST-TAKING/STUDY-SKILLS AND STRESS/ANXIETY MANAGEMENT WORKSHOP UPON PERFORMANCE ON THE NCLEX-RN EXAMINATION

Jane E. Murdock, RN, EdD
Brinda Van, MS

Since the NCLEX-RN was introduced in 1982, a limited number of studies have been conducted to identify predictors for successful performance on this important licensing examination. As a result, it is difficult for educators to identify marginal students and to provide early interventions to enhance their students' chances for success. Further, with no validation of the effectiveness of various interventions on test performance, it is difficult to know which interventions should be employed with marginal students to achieve the best results.

This study employed step-wise regression analyses first, to assess the validity of selected variables (math and verbal SAT scores, over all lower division grade point average, and quality points earned in upper division theory and clinical nursing courses) in predicting performance on the NCLEX-RN examination; and second, to evaluate the effectiveness of a three-session test-taking, study-skills, and stress/anxiety management workshop in influencing the predicted level of performance of one group of nursing students. In addition, profiles of selected characteristics of the attendees and non-attendees of the workshop and of those who passed and failed the licensing examination have also been developed.

Although data analysis is incomplete at this time, the preliminary findings of the study show promise for providing valuable additional insight into the variables affecting performance on the NCLEX-RN licensing examination.

26.3

PSYCHOMETRIC EVALUATION OF THE PAGANA CLINICAL STRESS QUESTIONNAIRE

Kathleen Deska Pagana, RN, MSN

It is the purpose of this instrument to assess the appraisal of stress in the clinical experience of nursing students as either threatening or challenging. The theoretical framework for the Pagana Clinical Stress Questionnaire (PCSQ) is based upon the theory of cognitive appraisal of stress as described by Lazarus and his colleagues.

A 15-item inventory was designed to measure threat, challenge, and harm emotions. The subjects were asked to indicate on a 5-point Likert scale (0 = not at all; 4 = a great deal) the extent to which they felt these emotions in relation to a clinical experience. Open-ended questions asked the respondent to describe the stresses, challenges, and threats that they were experiencing.

The PCSQ was administered to 31 juniors and 21 seniors in a large urban university nursing program. The juniors completed the Likert scale for both their intitial medical-surgical and initial psychiatric experience. The seniors completed the questionnaire in relationship to their second medical-surgical rotation. Most students completed the questionnaire in 10 minutes.

Alpha coefficients of .88 (threats), .81 (challenge), and .78 (harm) were obtained for the three scales. Intercorrelations among the scales were low. Content validity was supported by a panel of experts, interviews with nursing students, and the use of scale items published in the literature. Concurrent validity was demonstrated by comparing the open-ended responses with the threat scale. Interrater reliability for coding of these responses was .88. Factor analysis supported construct validity. The next phase of instrument testing will utilize data from 150 students in the fall of 1986.

27.1

STUDENT ATTITUDES TOWARD RESEARCH IN BACCALAUREATE NURSING PROGRAMS

Dolores A. Bower, RN, PhD

The purpose of this study was to identify the attitudes held by nursing students toward research. The participants were in their junior or senior year in an integrated baccalaureate program where research was taught as a vertical strand throughout the curriculum. At the time of the study, students were either in their second or third clinical nursing course and had previous exposure to research in nursing as well as a prerequisite statistics course.

A total of 450 subjects were surveyed, with students participating only once, either in their junior or senior level. The data were obtained using three different instruments: Word Association; Sentence Completion; and a ten-item questionnaire. The data were analyzed using frequencies and percentages with response categorized as either positive or negative. The majority of the students indicated a negative association with research, often using such descriptors as "boring" or "difficult." In the Sentence Completion, where students were asked "how to best learn about research," an overwhelming majority of students responded "by participating in it" or "actually doing it." Findings of the surveys were presented in class, with students interested to learn more about themselves.

With greater emphasis on fostering positive attitudes and using actual student experiences as topics for study, the students have begun to identify research topics and initiate studies which flow from a natural curiosity.

This study is the first of a multiple-phase project dealing with teaching strategies and fostering positive attitudes toward nursing research.

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27.2

REGISTERED NURSES' ATTITUDES AND PERCEPTIONS OF OUTCOMES FOLLOWING SIX YEARS OF PARTICIPATION IN MANDATORY CONTINUING EDUCATION

Carol A. Hutton, RN, EdD

A self-administered questionnaire was mailed to a random sample of 1,000 registered nurses residing in Dade County, Florida to investigate their response to six years of participation in mandatory continuing education. One section of the questionnaire measured attitude at the onset of participation in 1979, and six years later (1985). Another section consisted of forced-choice and open-ended questions to elicit data on personal, professional, situational, and institutional factors associated with attitude change.

An overall response rate of 51 percent was achieved. Sixty-seven percent (292) of respondents met the eligibility requirement for the study by continuously holding licensure in Florida on or before January 1979. The majority of nurses (77.6 percent) retained their positive attitude or displayed a positive attitude shift in favor of mandatory continuing education, 22.3 percent demonstrated a negative shift in attitude.

The study concludes that nurses who maintained or developed positive attitudes perceived more benefits than problems with mandatory continuing education, identified an increase in both the quality and availability of continuing education programs, indicated that mandatory continuing education affected their performance in practice, and that mandatory continuing education should be retained. Cost and lack of relevant programs were problems identified by those nurses whose attitudes were negatively influenced by mandatory continuing education. The majority of respondents with a negative change in attitude felt that mandatory continuing education did not affect their performance in practice and should be abolished.

These findings have implications for legislators and educators involved in continuing education; providers of continuing education in the design, delivery, and evaluation of programs; and faculty in the design and evaluation of instruction.

27.3

HEURISTICS USED BY NURSE SCIENTISTS FOR TEACHING RESEARCH

Linda E. Moody, RNC, PhD
Celia Blanks, RN, EdD
Marie Visscher, RN, MN

The purposes of this national exploratory study were to (1) identify heuristics (discovery devices) used by established nurse scientists to find and develop researchable problems for nursing research, and (2) describe the epistemic process of formulating significant problems into researchable questions or hypotheses that have usefulness for nursing education, practice, and administration. Nursing students and novice researchers often have difficulty finding and formulating researchable questions, not because of a dearth of problems but rather due to unfamiliarity with the research process. The question-asking phase is essentially a creative one, dependent upon imagination, insight, and ingenuity, and often represents commitment and personal interest of the researcher. Raising new questions and challenging conventional wisdoms require creativity. Engendering a spirit of inquiry in nursing students has been identified as one of the top ten priorities in nursing education research.

Forty established nurse scientists with graduate teaching experience at academic institutions in the United States were interviewed by telephone using a focused format. Data from taped interviews were analyzed using a computerized qualitative content analysis program. The interviews yielded robust information for 12 domains: (1) origin of ideas for research, (2) heuristics, (3) criteria for researchable questions, (4) question-asking process, (5) conventional wisdoms, (6) shared values and constraints, (7) key contextual supports, (8) technical and administrative innovations, (9) institutional saga of nursing research, (10) research climate, (11) facilitating and impeding factors in nursing research, and (12) networks and linkages. Nurse scientists confirmed the need to employ pluralistic research paradigms. Numerous heuristics were identified for teaching graduate research.

DIRECTORY

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